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The transition to motherhood: Women's experience as survivors of childhood sexual abuse

Laura A. Welch
The University of Western Ontario

Supervisor
Dr. Susan Rodger
The University of Western Ontario

Graduate Program in Psychology

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THE TRANSITION TO MOTHERHOOD: WOMEN'S EXPERIENCE AS SURVIVORS OF CHILDHOOD SEXUAL ABUSE

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By

Laura Anne Welch

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The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

Abstract

The present study explored the lived experience of first-time pregnant women who have survived childhood sexual abuse and have immigrated to Canada. This experience was explored through an ecological lens to understand the multiple layers of impact these experiences had in these women's lives. Secondary data interviews, from a larger study on embodied trauma, were analyzed to better understand the impact of childhood sexual abuse, immigration and culture on the transition to motherhood. Qualitative phenomenological method was followed. Three themes emerged from the data, including transitions, vulnerability, and role concepts. Findings were compared with existing research. Implications for helping professionals, working with pregnant women, as well as the counselling field in general were discussed.

Keywords: Transition to motherhood, Pregnancy, Childhood Sexual Abuse, Trauma, Immigration, Culture, Ecological theory.

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Chapter 1: Introduction

There is a high incidence of childhood sexual abuse (CSA) worldwide, which greatly affects women's lives (WHO, 2002). The transition to motherhood is a highly challenging phase in a woman's life, as she prepares, physically and emotionally, for the new role in her life; becoming a mother (Mercer, 2004; Darvill, Skirton, & Farrand, 2010). Immigration and the acculturation to a new culture can be challenging for many individuals, and particularly for those who are experiencing a major life event, such as a pregnancy. As a result, pregnant women may be considered particularly vulnerable to the additive impact of both CSA and immigration on their lives during this transition. Research suggests that women adjust best to motherhood when there is good health care and plenty of support to help women through this time of adjustment and adaptation (Wilkins, 2006).

The currently study, through a series of interviews with 8 women who have immigrated to Canada, who are survivors of CSA, and pregnant with their first child, explores women's lived experience during this time of transition to becoming a mother. This research is important for the field of counselling psychology as it allows us to hear the voices of women, who are so often silenced.

This chapter will explore the relevant research related to the sequelae of childhood sexual abuse, the transition to motherhood, and the impact of CSA and trauma on the transition to motherhood and parenting. It also includes an understanding of resiliency and post-traumatic growth and how these protective factors influence women's ability to adjust throughout their journey of becoming a mother. Moreover, an examination of the impact of culture and immigration on pregnancy and mothering will

give the reader an understanding of the many challenges immigrant, pregnant women face during this emotionally and physically demanding time. A theoretical model will be proposed as an umbrella to understand the many aspects that impact a woman's experience of pregnancy as a survivor of CSA, who has immigrated to Canada. Lastly, the research problem that guided this study will be presented.

Ecological model

Bronfenbrenner's ecological model (1979) offers some insights in understanding the different aspects that impact an individual's experience throughout life. An ecological model proposes that an individual's experience is a result of bidirectional interactions between the individual and their environment, which varies based on the individuals contexts and culture, and changes over time (Bronfenbrenner & Morris, 2006). Ecological model posits that five environmental systems, with which each individual interacts, influence individual development. The individual, micro, meso, exo, and macro systems each represent diverse parts of the systems affecting individuals. First, the individual or *chronosystem* consists of the individual's characteristics, such as their genetic makeup, personality, gender, and age. The system of the individual also includes life's transitions, which could include migration, as well as other developmental transitions such as motherhood. Next, the *microsystem* includes the individual's immediate environment such as their family composition, their neighbourhood and educational background, as well as their cultural experiences within this environment. Immigration would be considered part of the immediate environment with which an individual interacts and renegotiated their understanding of the experience within a new country or culture (Yakushko & Chronister, 2005).

The *mesosystem* relates to the relationships individuals have among their social networks within the microsystem. The quality of these relationships throughout immigration depends in large part on the nature of the immigration. Women who have their families support during their immigration tend to experience less isolation than women who are forced to immigrate or whose family and social network do not support their move (Yakushko & Chronister, 2005). This could be further complicated by immigration that is forced or women seeking refugee status.

The *exosystem* involves various contexts which influence an individual, however, the individual is not directly in contact with and over which they have little control. In the context of immigration, Yakushko & Chronister (2005) note that legislation and legal status in the new country of residence affects women experience. Immigrant women often experience multiple forms of social oppression through discrimination and racism in multiple areas of their life upon arrival in their new country (Marsella & Ring, 2003).

Lastly, the *macrosystem* describes the overarching cultural impact on norms and values, both in the country of origin and the country of residence. It includes norms and values about gender roles, social status, and political values. Immigration can greatly impact women's views and expectations about gender roles (Yakushko & Chronister, 2005). Women may be required to adapt to new gender roles expectations which are greatly different from their home country. Either way immigration requires women to renegotiate and reintegrate new customs, norms, and values which can impact their mental health and concept of self.

Prevalence of childhood sexual abuse

In recent years, violence against women, especially childhood sexual abuse, has become increasingly researched as it is estimated that roughly 1 in 4 women have experienced childhood sexual abuse (CSA) in their lives, although disclosure remains largely un- and underreported (Cohen, 1995; Leeners, Stiller, Block, Gorres, & Rath, 2010; Weinstein & Verny, 2004; WHO, 2002). The World Health Organization defines violence as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 2002, p. 5). It is estimated that women survivors of CSA are 2 to 3 times more likely to be revictimized as adults (Classen, Palesh, & Aggarwal, 2005). Also, the more frequent the abuse or experience of other forms of interpersonal trauma in childhood, the more likely it is that these women will be revictimized later in life (Classen et al., 2005). Women who have been sexually abused as children are more likely to have posttraumatic stress disorder (PTSD) in adulthood (Briere & Runtz, 1993).

Research shows that women who have experience interpersonal trauma in childhood are at risk for complex traumatic symptoms depending on the frequency, intensity, and duration of the abuse (Herman, 1992). Complex trauma is marked by repetitive interpersonal trauma in early stages of childhood and is related to a higher intensity experience of PTSD symptomatology (Herman, 1992). Women who have experienced repeated sexual trauma tend to be hypervigilant, prone to physical symptoms (i.e., pelvic, back, and abdominal pain, headaches, as well as tremors), and able to dissociate parts of their memory (Herman, 1992). Moreover, complex traumatic stress is linked with depression, anxiety (Roberts, O'Connor, Dunn, & Golding, 2004), lack of

trust in humanity, and withdrawal from participation in society, and cognitive distortions in self-concept and lower self-esteem (Briere & Jordan, 2004; Herman, 1992).

The effects of childhood sexual abuse follow women throughout their lifetime in the form of somatic conditions, interpersonal relationships, and cognitive functioning, but also increase their vulnerability to become revictimized either through purposeful abuse from others or by normal day-to-day events triggering the trauma memory (Herman, 1992). Women who have experienced abuse before pregnancy are at higher risk of abuse during pregnancy, and postpartum abuse (Martin, Mackie, Kupper, Buescher, & Moracco, 2001). Childhood sexual abuse has many negative long-term effects on women's physical, emotional and social health (Briere & Jordan, 2004; Cohen, 1995; Herman, 1992). The sequelae of CSA have been widely researched. However, little is known about the effects of abuse on a woman's conception of motherhood or her physical and emotional experience of becoming a mother throughout this transition of pregnancy, labour and delivery, and the first few months of her child's life (Benedict, Paine, Paine, Brandt, & Stallings, 1999).

Transition to motherhood

In order to understand the experience of women who have experienced CSA during pregnancy, childbirth and early motherhood, it is noteworthy to evaluate what is known about the transition to motherhood among women who have not experienced abuse. In an investigation of the process of Maternal Role attainment, a process in which a mother achieves competence in her role as mother and is able to integrate this new role with her previous identity to become comfortable with her newly formed identity and

roles, over the first year of their baby's lives, Mercer (1985) proposed that role attainment behaviour follows a linear progression.

During this role attainment, feelings of love toward their baby, gratification in the maternal role, observed maternal behaviour, and self-reported ways of handling irritating child behaviours, are expected to develop (Mercer, 1985). These behaviours peaked around 4 months postpartum, but declined at 8 months (Mercer, 1985). More recently, Mercer has reconsidered the notion of Maternal role attainment to the term Becoming a Mother, which stresses the progression of preparation, attachment, and skills development and reframing a new 'normal' way of living, starting in pregnancy and continuing on through the first year of their babies life (Mercer, 2004).

A meta-synthesis of nine qualitative studies describes the transition to motherhood as a 3 step process that emerges from the mother's engagement by which she actively commits herself to the mothering role, caring for her new born, and accepting the presence of her child (Nelson, 2003). The mother's engagement allows growth and transformation to occur, but this growth and transformation is dependent on the level of the mother's engagement (Nelson, 2003).

The transition to motherhood is a process in which a woman must reconstruct and adapt a new self-concept that is congruent with her newly acquire roles as mother and caregiver of an infant (Darvill et al., 2010). A qualitative study on the experience of first-time motherhood described women's feelings during pregnancy, delivery, and the early post-partum period to fall under 3 main themes, control, support, and forming a family, which accompanied the adaptation of a woman's self-concept (Darvill et al., 2010).

At many different times throughout pregnancy, labour and delivery, and postpartum women describe a loss of control over their bodies, a loss of both physical and emotional well-being, and the loss or control of their life as they knew it (Darvill et al., 2010; Keating-Lefler & Wilson, 2004). For many women this is the first time in their life they have felt this way and it takes many months after their child is born to regain some sense of control over their lives (Darvill et al, 2010).

For others, particularly those living alone and in poverty, this experience triggers a grieving process of different relationships (i.e., relationship with family, friends, partner, and themselves) and daily tasks (i.e., job, hopes and dreams for the future) that have changed as a result of being pregnant (Keating-Lefler & Wilson, 2004). The transition to motherhood, then, is a process of grieving the losses they have encountered and renegotiate their lives to include their task of caring for an infant (Keatin-Lefler & Wilson, 2004). It requires full commitment to the changes that will occur and the willingness to try new strategies to navigate the many different, sometimes unexpected, obstacles life throws at them.

Another predictor of a mother's success in her transition to motherhood is the support she receives from her family, friends, and medical professionals. In the early stages after the birth of their child, when mother's are feeling insecure about their ability to mother, encouragement from others is essential to the mother's well-being (Wilkins. 2006). First time mothers often look to their own mothers and their relationship to support and learn how to approach the care of their newborn, especially when exhaustion sets in (Darvill et al, 2010). Women's remembrance of attachment with their own mother is linked to satisfaction with prenatal social support, their own mother-infant attachment,

and feelings of competence in care giving (Huth-Bocks, Levendosky, Bogat, & von Eye, 2004). Similarly, women's partners play a crucial role in encouraging new mothers in their ability to provide for their babies needs (Darvill et al., 2010). Women who have more prenatal social support tend to also have most postnatal support, which is also related to more positive mother-infant bonds (Huth-Bocks et al., 2004).

Although women rely heavily on support to grow in this transition, it is noteworthy to mention that many women say that they were never told how hard it truly would be to give birth, come home from the hospital, and be thrown into taking care of an infant while they themselves felt so overwhelmingly tired (Wilkins, 2006). Hung and Chung (2001) investigated the impact of postpartum stress and social support on women's mental health and found that stress levels were higher at 3 and 5 weeks postpartum compared to the 1st week, but the level of social support was highest in the first week postpartum and tapered off to be lowest at 5 weeks postpartum. This Chinese study may reflect Chinese tradition for families to help out the new mother upon return from the hospital, yet new mothers are expected to 'function' on their own fairly soon after giving birth, which is demonstrated by less friend and family support in 3 and 5 week follow-ups (Hung & Chung, 2001).

In a qualitative study, Wilkins (2006) found that many women perceived that the information they received from experts and other mothers was too much or too vague for it to be helpful. This left many women feeling a sense of panic, low self-esteem, and helplessness when it came to looking after their new baby (Wilkins, 2006). Interestingly, these women also noted that the information they received from their friends and family, who were experienced in mothering, was not enough to help them understand what they

were getting themselves into (Wilkins, 2006). Their friends would downplay any worries the new mother would have, or simply not share personal experiences with them (Wilkins, 2006). This was a sample of mothers who did not have a history of CSA and who were actively seeking information regarding the experience of motherhood. If these women did not receive accurate or adequate information regarding the transition to motherhood, it is plausible that women who have a history of CSA, who typically report less positive bonds with their own mothers (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005), and who may or may not be actively seeking information about the experience of motherhood, receive less information and support that could foster a smooth transition to motherhood, evoking higher feelings of panic, distress, and helplessness.

Impact of CSA on pregnancy, labour and delivery, postpartum

Our current knowledge of the impact of trauma on the transition of motherhood is mostly based on interpersonal abuse in adulthood. Women who have a history of CSA have significantly more complications during pregnancy compared to women who do not have such a history (Leeners, Stiller, Block, Gorres, & Rath, 2010; Lukasse, Schei, Vangen, & Øian, 2009). Moreover, CSA survivors go to more unscheduled hospital visits during pregnancy and they suffer more complications (e.g., premature contractions, premature birth, and cervical insufficiency) during pregnancy and delivery than other women (Leeners et al., 2010; Mohler, Matheis, Marysko, Finke, Kaufman, Cierpka, Rech, & Resch, 2008). Giving birth is also experienced as more painful by CSA survivors compared to others (Leeners, Richter-Appelt, Imthurn, & Rath, 2006).

The research is mixed about the experience women have of pregnancy, especially labour and delivery. As some research supports the idea that giving birth is experienced by some as the reliving of past abuse, accompanied with both physical and emotional triggers, and being described as a traumatic and retraumatizing event in these women's lives (Leeners et al., 2006).

Meanwhile, an investigation of the extent to which CSA is a predictor of birth-related post traumatic stress by Lev-Wiesel, Daphna-Tekoah, & Hallak (2009) compared women who had experienced CSA, women survivors of trauma other than CSA and women who reported no traumatic experiences. The women in their sample were interviewed at 3 different stages: in their second trimester, 2 months postpartum and 7 months' post-partum. They found that CSA survivors reported higher levels of post-traumatic stress symptoms as well as dissociation before and after childbirth (Lev-Wiesel et al, 2009). Although, their results did not support the hypothesis that childbirth itself acts as a retraumatization of CSA (Lev-Wiesel et al, 2009). It is unclear whether the surge of hormones during labour and delivery might be associated with lower levels of PTSD symptoms at that time (Schwegdtfeger & Wampler, 2009).

Notwithstanding, women, who have not reported a history of CSA, have been known to experience post-traumatic stress disorder after birth which might be related to the highly emotional and physically demanding experience of giving birth, as well as many symptoms which are thought of as a natural part of the birthing experience, such as a lack of bodily control and integrity, intrusive physical examinations, hormonal fluctuations, lack of control over the situation, feeling physically restricted, and a perceived lack of engagement in the decision-making process, and the reality not being

what women expected it would be like (Ayers & Ford, 2009; Nichols & Ayers, 2007). Despite the recognition that some women experience traumatic births, not many consider this to be an event that triggers post traumatic stress symptoms because many symptoms overlap with the 'normal' range of experiences of giving birth, which do not trigger PTSD for most women (Ayers & Ford, 2009). However, given our knowledge about the intrusiveness of childhood sexual abuse, the birthing experience might trigger feelings of retraumatization for women who have a history of CSA.

Impact on mother-infant bond and parenting ability

Our understanding of traumatic birth experiences is in its infancy because many think of giving birth as a normal, yet emotionally and physically demanding, occurrence in society (Ayers & Ford, 2009). It is therefore not considered to be an event that triggers post traumatic stress symptoms because many symptoms overlap with the normal experience of giving birth, which does not trigger PTSD for most women (Ayers & Ford, 2009). Yet for women who have experienced childhood sexual abuse, as for approximately 2% of women who do not have a history of past interpersonal violence who develop PTSD after giving birth (Ayers & Ford, 2009), this normative event in society may be linked to pre-pregnancy mental health.

Women with a history of childhood sexual abuse tend to report more depression in the postpartum period as well as other complications, such as breast-feeding (Benedict, Paine, Paine, Brandt, & Stalling, 1999; Leeners et al., 2006; Mohler et al., 2008). These complications not only pose risks for the woman's physical and emotional well-being but can seriously impact the mother-infant bonding, which is crucial to the child's cognitive development (Nicholls & Ayers, 2007). In their qualitative research on the effects of

birth-related PTSD in women without a history of CSA, Nicholls and Ayers (2007) found the traumatic birth experience affected women's perceptions of their baby either negatively or positively. Some of the women had a negative perception of their baby, attributing the traumatic birth experience to the child's unreadiness to be born (Nicholls & Ayers, 2007); while others had more positive affect toward their baby. In general, though, the traumatic experience of childbirth negatively impacted the mother-child bond, reporting overprotective/anxious and avoidant/rejecting bonds with their children up to 5 years after birth (Nicholls & Ayers, 2007).

A 3-year follow-up study, comparing women with a history of sexual abuse and who had been admitted to a psychiatric facility for postpartum depression to women who did not have a history of sexual abuse but were also admitted for postpartum depression, found that even 3 years later women with a sexual abuse history had higher scores of depression, lower self-esteem and confidence in themselves as mothers, and their children's cognitive development was lower compared to women, without a sexual abuse history, and their children (Buist & Janson, 2001). Mothers suffering from postpartum depression are less expressive in their interactions with their infant than other mothers (Goldstein, Diener, & Mangelsdorf, 1996).

Similarly, women who have experienced incest feel less competent and confident about their abilities to parent than women without an incest history (Cohen, 1995; Fitzgerald et al, 2005). These mothers tend to function on a significantly lower level than mothers who are not survivors of incest (Cohen, 1995). However, low confidence and self-efficacy in parenting skills did not affect actual mother-child interactions (Fitzgerald et al., 2005). In observing mothers interact with their 3-6 year old children there is no

difference between survivors of incest and non-abused mothers (Fitzgerald et al., 2005). Moreover, survivors of incest tended to show support, assistance, and confidence when interacting with their children and the children were affectionate toward their mothers (Fitzgerald et al., 2005). This incongruence between the mother's perceptions of her abilities and her actual interaction style with her child might be related to mother's high expectations for themselves as mother (Fitzgerald, et al., 2005). This was found in a study by Buchbinder (2004) on the experience of motherhood of battered women; these women reported that they made the conscious decision to use their memories and bad experienced in their family-or-origin to be better, different mothers themselves. These women strived to make the environment their children grow up in different from their own experience.

These findings are supported by Barrett (2009) who investigated the effect of CSA on later adult parenting among a group of predominantly African American women living on social welfare. She found that, after controlling for other factors such as SES, mothers with a history of CSA did not differ significantly than mothers who did not report such history in terms of parental warmth, and parenting strategies such as corporal punishment or psychological aggression (Barrett, 2009). Although this research may seem to suggest that mothers who have survived CSA have no lasting consequences into adulthood, this research accounted for childhood adversities and therefore may be suggesting that mothers who have a history of CSA are in fact more resilient in their parenting than other mothers.

Offspring of women with a history of CSA have more attention problems, emotional, and peer relationship problems than children of mothers with no reported CSA

history (Roberts, O'Connor, Dunn, & Golding, 2004). One possible explanation the authors gave for the adjustment of children, whose mothers had a history of CSA, was her overall mental health, as CSA is related to poorer mental health of women which is associated with her parenting style which is responsible for child adjustment (Roberts et al, 2004). A longitudinal study on the adjustment of children between 4 and 7 years of age, whose mothers had experienced childhood abuse (i.e., physical, emotional, sexual), found that a maternal abuse history is predictive of offspring maladjustment between these ages (Collishaw, Dunn, O'Connor, & Golding, 2007). Also, the severity of the mother's abuse history is associated with her child's adjustment; that is, children whose mothers reported more severe abuse had higher adjustment problems, as measured by both parent and teacher ratings, than children whose mother reported mild or no abuse history (Collishaw et al., 2007). This research provides telling information about the possible trajectories of the mother-infant bond that starts during the mother's transition to motherhood and continues during the first months and years of the child's life.

Resilience

Despite all the negative effects CSA has in women's live, these women appear to be extraordinarily resilient and capable of coping remarkably well in adverse circumstances. Qualitative research on resiliency factors for women who have experienced CSA identified the following factors which lead to building resiliency in adulthood: having learnt interpersonal skills; feeling competent, and being able to identify talents or skills; having positive self-regard; identifying spiritual or religious connection; and having experienced and identified circumstances that were helpful in their posttraumatic growth (Bogar & Hulse-Killacky, 2006).

The term posttraumatic growth refers to the ability to sustain positive changes in relationships, understanding or appreciation for life, and inner personal self-worth after a traumatic event (Schwerdtfeger & Wampler, 2009). It is the potentially positive transformation a person experiences following a traumatic event (Tedeshi & Calhoun, 2004). Pregnant women who have survived sexual trauma report that there came a time when they were able to move on with their life and develop a new perspective on their life to move forward, even in the face of their past trauma (Schwerdtfeger & Wampler, 2009). These women described the importance of finding their inner strength in the face of adversity, becoming connected with others who were supportive of them and their daily struggles, and finding their voice to talk about what had happened to them, making meaning of their life after the trauma (Schwerdtfeger & Wampler, 2009). For some, pregnancy and the arrival of their new baby represents a new beginning, a fresh start to their life and a distinct moment after which life will never be the same, in a good way (Schwerdtfeger & Wampler, 2009).

Women who have experienced CSA are affected by societal expectations that have been violated when they were children (Lev-Wiesel, 2006). Tedeshi and Calhoun (2004) note that younger individuals often experience more growth following trauma than older individuals, as young people tend to be more open to learning ways to cope and changing throughout the process. Although many women experience growth from their traumatic past, when they become mothers themselves many fear, especially if their child is female, the potential harm and danger that their child could be subjected to, thus making their experience of becoming a mother a highly emotional experience (Lev-Wiesel, 2006). These women might experience a profound need to protect their children,

affecting levels of anxiety and mental health (Lev-Wiesel, 2006). Unfortunately, for many women this can contribute to passing on the emotional effects of their abuse across generations (Lev-Wiesel, 2006).

Moreover, in a study on post-traumatic growth following CSA, Shakespeare-Finch and De Dassel (2009) found that women described a great sense of inner strength as a result of having to struggle with the impact of their trauma. This sense of strength grew within women as time went by. As time goes by women learn to build on their existing strengths and learn new strength as a result of new challenges she faces in life. One of the main themes identified in their study was how support or lack thereof influenced women's ability to growth and build those strengths. Women who had received much support said their healing after the trauma was easier than those who did not receive support or who were silenced or ignored by those who they sought support from (Shakespeare-Finch & De Dassel, 2009).

Immigration and culture

Unfortunately, not much research has been done on immigrants, with a history of CSA, experience of pregnancy and childbirth in Canada. Immigration impacts the experience of pregnancy, childbirth, and labour. The experience of becoming a mother is somewhat different for women who have immigrated to Canada compared to Canadian-born women (Kingston, Heaman, Chalmers, Kaczorowski, O'Brien, Lee, Dzakpasu, & O'Campo, 2011). It was found that immigrant women, both recent (less than 5 years in Canada) and non-recent (greater than 5 years), were more likely to be of low socioeconomic status during pregnancy, express that they had less social support during pregnancy and postnatal period, attend prenatal classes less, and report more challenges

accessing regular health care for themselves and their babies, compared to Canadian-born women (Kingston et al., 2011). This could also be related to language barriers which make access to health care more challenging for immigrant women to ask questions and receive the information they are looking for during their pregnancy (Sherraden & Barrera, 1996).

Moreover, research has found that immigrant women have challenges negotiating the health care system. In a qualitative study Somali immigrant women in the US expressed that they found it difficult to access health care, not only because they were not used to attending regular health care back home, but also because it was difficult to keep appointments due to their differing concept of time (Hill, Hunt, & Hyrkas, 2012). Women were not used to being turned away by the doctor because they were slightly late for their appointment. Similarly, women experienced many different health care professionals attending to them during their pregnancy, which led to confusion about the roles of each professional and discomfort that many different individuals had to examine the women (Hill, Hunt, & Hyrkas, 2012). The difference between women's expectations and reality made women feel disrespect and insensitivity from their health care providers (Hill, Hunt, & Hyrkas, 2012).

Similarly, women's experience of the health care system in their new country of residence seems to be related to their experience of the health care system in their country of origin. Sherraden and Barrera (1996) found that Mexican immigrants in the US unlikely to complain about the health care they received during their pregnancy because compared to the services they would have received in Mexico, the US health care was much better. Some women also feel torn between conflicting advice given to them by

health care professionals and family. As noted by Sherraden and Berrera (1996), the immigrant women in those situations tended to adhere to the advice of their family members, although they tried to conform to both sources of advice.

In her article, Capelli (2011) noted that women's reproductive health and behaviours must be understood from a socio-cultural lens rather than a purely biological perspective as culture influences important factors within reproductive health such as gender and familial roles, and the experience and expectations of childbirth. Immigration influences how women reconstruct their notions, which are socially and culturally constructed, about pregnancy and becoming a mother by comparing their norms to the representations of pregnancy and motherhood in their new country of residence (Capelli, 2011). Research in Europe has found that immigrant women have better pregnancy outcomes in countries that have strong integration policies compared to countries with less emphasis on helping immigrant women acculturate to the norms and values of their country of residence (Bollini, Pampallona, Wanner, & Kupelnick, 2008).

Forced immigration, as noted in a dissertation by Kemirere (2007), can disadvantage women by significantly affecting their access to resources necessary to successfully accommodate their new surroundings. Reduced access to resources, also, affects women through poverty, which could result in forced gender role changes to ensure women's survival in their new location. With these changes comes a shift in women's reproductive health choices. (Kemirere, 2007). Although, often seen as a negative, displacement can also foster in women greater strength and resilience to learn new skills, for which training may not have been available to them in their home country,

and move away from stereotyped gender roles, allowing women to live more empowered lives free from some forms of societal oppression (Kemirere, 2007).

Rationale for current study

Previous research illustrates the knowledge regarding the negative sequelae of CSA on women's future lives, yet largely overlooks the inner strength and resilience these women have in spite of their past. The above research stresses the importance of understanding the transition to motherhood from women's perspective in order to further understand the lived experience of becoming a mother, caring for an infant and redefining ones self-concept, in the face of previous abuse and immigration. There is a gap in our knowledge about this highly emotional and physically demanding transformative event in the lives of women CSA survivors, who have immigrated to Canada. The current study, therefore, explores the experience of early motherhood and amplifies the voices of women who are becoming mothers in the face of past violence and immigration, using a phenomenological perspective as its guide.

Chapter 2: Methodology

Qualitative research offers five distinguishing features: (a) it enables one to study meaning in people's lives; (b) it encapsulates the views and perspectives of the people who participated in the study; (c) it covers the context within which the participants find themselves; (d) it can aid in the understanding and insight in explaining social behaviours and; (e) it obtains greater understanding by using different sources of evidence (Yin, 2011). Qualitative research allows for a breadth approach to understanding a particular phenomenon, which allows the researcher to understand different perspectives and experiences of the same phenomenon. The focus is on the lived experience of the participants, thus the research is often conducted in the participants environment and the researcher attempts to make sense of the meaning participants express regarding the phenomenon.

Phenomenology

Phenomenology allows the researcher to inquire about the subjective, 'lived experience', these women have, without looking for specific answers (Wertz, 2005). Phenomenology is "descriptive, uses the phenomenological reductions, investigates the intentional relationship between persons and situations, and provides knowledge of psychological essences (that is, the structures of meaning immanent in human experience) through imaginative variation (Wertz, 2005, p. 170). The aim is, thus, to portray a rich and accurate description of these immigrant women's experience of becoming a new mother in the face of past childhood sexual abuse, within the context of their lives in the society they live in. In order for counsellors and health care professionals to help and support these women through their unique experience of

becoming a mother, we first need to understand that experience in more depth than is currently available in the research.

Purpose of the study. The present study does not aim to test hypotheses; instead research questions are more appropriate. The purpose is to understand women's experience of the transition to motherhood in the face of their history of childhood sexual abuse and immigration to Canada. This research takes a closer look at the cultural impacts of women's experience as immigrants to Canada and how that impacted major life events such as live after trauma and becoming a new mother.

Participants. The study consisted of 8 women. Purposeful sampling was used from a larger study (Berman & Mason, 2008). All participants were immigrants to Canada; there was no limit on how many years they had been residing in Canada before participating in the study. All women could, if they wished, report when they immigrated to Canada and disclose whether they had chosen to move or were forced, either by circumstances or refugee. Other inclusion criteria were: women were in their second trimester of their first pregnancy, they self-reported as having a history of childhood sexual abuse, were 18 years of age or older, and they were not receiving any other psychotherapy at the time of the study. All participants' names have been changed to protect their anonymity.

Participant's Biographies

Emily is a 24 year-old woman who came to Canada as a refugee from South America. She identified as a childhood sexual abuse survivor. At the time of the interview she was 24 weeks pregnant and her partner was in prison and scheduled for release in a few months. Emily was living with her mother.

Alexis is a 26 year-old woman who came to Canada from the US. From the age of three, she was sexually abused repeatedly by her mother's boyfriend, and when she was seven he raped her. The perpetrator was eventually charged. At the time of the interview she was 15 weeks pregnant and she reported that the pregnancy was not planned.

Sarah is a 34-year-old woman who identified as a childhood sexual abuse survivor. At the time of the interview Sarah had recently taken measures to leave an abuse partner, the perpetrator of the abuse is the father of her child. The perpetrator was physically and sexually abusive, and raped Sarah. She came to Canada from South America and was 25 weeks pregnant at the time of the interview.

Ashley is a 31-year-old woman originally from Eastern Europe. She was raised by a single Mother who had mental health issues and was an alcoholic. The perpetrators of the abuse were different men that she describes as alcoholics that came to the house to drink with her mother. At the time of the interview Ashley was 23 weeks pregnant and she and her husband had planned this pregnancy.

Nicole is a 26 year-old woman originally from South America. Nicole identifies as a childhood sexual abuse survivor who was raped by her father. Nicole moved to Canada to start a life on her own. At the time of the interview she was 22 weeks pregnant and her pregnancy was not planned.

Marie-Eve is a 23 year-old woman who is from West Indian background. Marie-Eve identifies as a childhood sexual abuse survivor who was sexually abused by her older brother's friends. At the time of the interview Marie-Eve was 20 weeks pregnant. She reported that she had had a miscarriage a few months before this pregnancy.

Alyssa is a 19 year-old woman who is originally from Central Africa. She moved to Canada to be with her partner and pursue a university degree. Alyssa identified as a childhood sexual abuse survivor who was first raped at a club in Central Africa. She reported multiple rapes and is currently unsure if her pregnancy is the result of one of those rapes.

Emma is a 24 year-old woman originally from South America. She identifies as a survivor of childhood sexual abuse. Emma was raped at age 11 by four teenage boys during a game of cops and robbers. At the time of the interview Emma was 8 weeks pregnant and reported that the pregnancy was not planned. Emma has been in counselling for many years to deal with her trauma.

Data. Transcribed in-depth interviews from a larger study (Berman & Mason, 2008) were used to analyze the meaning and content. For that study women, who were Aboriginal, refugee, or who had a history of CSA were recruited, from 2 cities (Toronto and London) in Canada, to participate in 2 semi-structured interviews: during the second trimester of their first pregnancy, and again at 4-6 months postpartum. In this study only interviews from the second trimester were used.

Data analysis. In the content analysis of the interview data there are four key steps necessary to accurately embody all the content described by the participants (Wertz, 2005). First, the entire interview from each woman from the 1st stage was read without presuppositions to understand each woman's experience as a whole (Wertz, 2005). Second, descriptions were created and read in order to understand the meaning. Then, each meaning unit was noted as it pertained to the research questions in particular, in order to understand what they are telling the researcher about immigrant, CSA survivor's

experience of the transition to motherhood. Lastly, themes of meaning units were clustered in order to comprehensively account for the essence of the experience (Wertz, 2005) (See Appendix A). Themes were categorized into main themes that represent the big picture of the experience, and minor themes were linked under the main themes to provide more in-depth articulation of the women's experience (Hancock, 1998).

Trustworthiness

Trustworthiness is evaluated in qualitative research to determine its validity. Validity in this case relates to how accurately the findings represent the reality experienced by the participants who have lived the phenomena under investigation (Creswell & Miller, 2000). Similar to quantitative research it is important for the researcher to establish sound research that is true to the experience of the participants and has been collected and analyzed using well established measures. In order to establish trustworthiness, four criteria must be met: credibility, transferability, dependability, and confirmability.

In this study trustworthiness was promoted through the use of several procedures including triangulation, thick description, the selection of participants, the inclusion of direct quotes, and checking and re-checking data. Triangulation involves using multiple data sources to cross check the data and any interpretations made by the researcher (Shenton, 2004). In this study this was established by utilizing a wide literature search on pregnancy, the transition to motherhood, immigration, and CSA to better understand the phenomena under investigation. Similarly, a theoretical model enabled the researcher to conceptualize the multiple angles from which to understand the data presented by the women in their interviews. This theoretical model, Bronfenbrenner's ecological model,

has provided a framework to understand with more inclusion of all potential influences the experience women described as immigrants becoming new mothers as survivors of CSA.

Moreover, throughout the entire process of this study the researcher has utilized frequent debriefing with peers, supervisors, and individuals knowledgeable in the field. Such debriefing and discussion ensures that the researcher may widen her approach to ensure that all aspects of the research are being considered (Shenton, 2004). This allows the researcher to adjust flawed methodologies or interpretations to more accurately represent the information presented by the participants. Similarly, inter-rater reliability was conducted on the coded interviews to ensure the accuracy and truthfulness of the coding employed by the researcher. Any discrepancies between researchers were discussed until an agreement was reached about the most suitable code to accurately describe and encapsulate the meaning within the interview.

Thick descriptions of the phenomenon were used to convey a detailed description of the situation being investigated and the context within which the women find themselves throughout this time in their lives. This allows the reader to better understand the extent to which the findings are true to the experience being investigated (Shenton, 2004). It also helps deepen the research and the understanding gathered from the participants about their lived experience, instead of focusing on the breadth or transferability of these results to other groups of women. Although there were common themes represented in the findings, this type of research does not aim to provide findings that hold true for all women. By describing the specific phenomenon under investigation and providing detailed descriptions of the participants, who were selected based on the

criteria that they have many experiences in common, the research aims to explain in depth what their experience was during their transition to motherhood.

Reflections of my own experience

I immigrated to Canada when I was 18 and it was not by my own choice. Although, I was in a privileged position to remain in Europe or immigrate with my parents to Canada, the choice never seemed like a choice at all. My first impression of Canada, or more specifically the town my parents moved to, was dismal. I thought my world had ended and I would be stuck in a hole forever. I felt alone, even though I had moved with my family, I felt that no one could possible understand what I was going through. From the beginning there was no excitement about living in Canada, many of the social systems I was used to in Europe were so far behind here in Canada. Once an independent young woman, I now relied on others to drive me around and help me get to know this new place I was living in. Unfortunately, I had already graduated from high school and had decided not to go to university right away, thus leaving me without any new peer group to fit into within my new neighbourhood.

There were many things I was disappointed about in my first few months in Canada. The health care system was one of them. In Europe, it was unheard of not to have a family doctor, but here in Canada my family had to wait months before an opening became available at a doctor's office. Even then I felt the receptionist did not respect my privacy and would discuss my medical appointment with my mother; this hadn't happened in Europe since I was 14 yrs old. I felt I had regressed back into a child like state which was perpetuated by a law stating I could not drive a car in Canada, even

though I already had my driver's license in Europe, by the doctor, by my isolation from friends back home, and not having a Canadian peer group available.

In 6 years much has happened and I find myself well adjusted to my new home. Yet, there are times when I find myself comparing various systems such as education, health care, politics, social services, and the justice system in Canada to my experience of these systems in Europe. Sometimes these comparisons are good, other times bad.

Currently, as a pregnant immigrant woman living in Canada I see how great the impact of my own upbringing has been on how I identify myself as a woman and mother-to-be, how I believe I want to or should parent my child, and who I look to for answers and support. Throughout my own pregnancy I have found great support in my own mother, who has shared with me - more than ever before - her own experience of becoming a new mother and some of the challenges she faced when she was pregnant for the first time.

It is also throughout my own journey of becoming a mother that I have thought back on my experience growing up in a country different from Canada, trying to imagine what my child's life will be like, as I have no reference of childhood in Canada that can help me envision what his or her experience will be like. Pregnancy has sparked a turmoil of questions, many of which remain unanswered, about what elements of my own culture, history, and language I want to teach my child.

I have learnt that there is nothing greater that bonds women than talking about their experience of pregnancy and being a first time mother. When people see you are pregnant, they all want to know how you are feeling. Having experienced terrible nausea and vomiting throughout my entire first trimester, many women have shared their

unsolicited experience of dealing with nausea. Although this has been helpful to me on many different occasions, there have been times when I wished people would mind their own business.

Chapter 3: Results

Data analyses revealed three themes emerging from the data, which was gathered through interviews from 8 women during their second trimester, all of whom were immigrants to Canada, and survivors of childhood sexual abuse. The themes included: transitions, vulnerability, and role concepts (See Appendix B). This chapter describes these themes with the use of direct quotes.

The three resulting themes are summarized as follows: Transitions refers to the processes of change women described as part of their growth throughout their life and the transformation in becoming a new mother. Vulnerability refers to the multifaceted layers in which these women's experience as CSA survivor, immigrants to Canada, and pregnant women increased or protected them from various forms of oppression. Role concepts refers to how values of self, other, and family related to the women's expressions and interchanges of those different roles in the transition to becoming a mother.

Transitions

Transitions represented the process of change women were experiencing. It represents a forward movement and growth in these women's lives related to trauma, pregnancy, and becoming a mother. The movement within these transitions can be traced to multiple sources; some of these are external factors, such as pregnancy, immigration and their trauma; others are by inner factors such as insight and an outlook to the future.

Within the theme of transitions there are 3 subthemes, namely post-traumatic growth, baby as catalyst, and future focus. Post-traumatic growth relates to the process of being a survivor of Childhood Sexual Abuse, the reflection on the impact of trauma on

their lives now, and how they make sense of their experience. Baby as catalyst relates to all the physical, emotional, and mental changes women experience during their pregnancy as well as how they are preparing themselves to become mothers. Future focus relates to the hopes, dreams, and fear women have for themselves and their babies. Similarly, it also includes how women's pasts influence their futures.

Post-traumatic growth

Women described how trauma has affected their lives and how they relate to other people, such as intimate partners, friends, and family members. All the women shared that that they wanted to tell their story out of a desire to help others who have gone through or are going through the same as them in order that the effects of the trauma might be less for others.

> *I hope it's gonna help someone else. It's a feeling that the stress I had is not going to be only mine no more. It's gonna be…like someone else is gonna have…probably gonna have the same stress I had. And it's gonna help them a lot, like they help me. so I didn't feel the stress. I don't feel I'm alone no more.*

> *And talking about the trauma and the problems I had in the past, and I hope – and I know it's gonna help someone else. When this get published someone will read it, or some one little girls…Like the little girls like 18, 17, they're getting pregnant. They don't know what's gonna happen. Some of the parents they don't want to support them.*

The women talk about trauma using many different descriptions of it as a process, constantly changing them throughout their life. The impact of trauma also changed as they learned new ways of integrating their trauma history into their current life story. The aftermath of trauma was described as growth for those who were no longer experiencing ongoing abusive relationships.

> *Growing. It was the process of growing and learning. Cause there are a lot of things that I appreciate a hell of a lot more … than other people would, because of what I've been through. There are things I see a lot differently. There are*

> *people I can relate to on a different level because of what I've gone through. And it's made me grow as a person. And it taught me a lot. I… am probably a hell of a lot more conscious about the outside world. And I'm slightly paranoid – but that's a good thing. Because I'm ... I wouldn't be in this much danger. I take better care of myself. I'm always cautious about where I go. So I think it was a learning process. It was a painful learning process. Don't get me wrong; it hurt like hell. But it taught me a lot. And as much as I hated the experience I went through ... I'm beyond grateful for the things that came out of it.*

For those still experiencing abuse in their lives the effect of trauma is still very alive in their everyday activities. Participants spoke about the impact trauma has on their day to day lives and how they believe they have some influence over it.

> *I'm the one that has to stop it. You know? I mean ... abusive people are going to be abusive people. Victims ... We're going to be victims forever? No. You know, and that's a fallacy that I want people to understand that ... In society they always think that an abuser is always going to be an abuser, and a victim is always going to be a victim. But that's ... that's the stereotype we have to stop. You know? A victim ... stops being a victim once she puts her foot down.*

> *Trauma for sure. Because I feel like when I hear the word trauma I think you feel like it's something that hasn't healed. And it has traumatized me. And although every day I don't walk around crying, begging for help, it's traumatized me in the way that ... like we've said earlier, day-to-day functions are interrupted by what I've been through. Even if it doesn't literally mean day-to-day, it means things, like I said, making relat- trying to build relationships, getting through high school, getting through college. Even being in the workforce. Even being intimate with the father of my child. It's ... it's ... it has been traumatizing. And I know it's going to be something that will stick with me for the rest of my life. And it's gonna ... domino affect with everyone I'm friends with, or people I build relationships with – if they know. Because they're going to see the changes that I go through, but ... trauma is the perfect word.*

Each participant's growth depended on the extent to which they had actively addressed the impact of trauma on their lives thus far. For some the pain was still too fresh to think of it as a growth or learning opportunity. Some had actively addressed their trauma before they became pregnant, while others started that healing process only once they found out they were expecting.

> *I actually hadn't realized, cause my thing is I don't focus on things; I don't pay attention to things. But I hadn't realized how much all these assaults had affected me*.

Every woman was affected differently by their trauma history, but all described processing its impact to some degree, using a variety of strategies, to make sense of their life and make meaning out of their experience. Teaching others about trauma and the effects it has was very important for most women either by participating in this research, going to support groups, talking to their friends and family, or planning to tell their child (when he or she is old enough) about their history

> *And I will definitely, when my child ... when my child grows up and ... understands something. You know, some things like about life. I will definitely tell him or her ... how difficult it was for me.*

> *And uuh ... everything I have experienced, I'm going to tell my child the dangers of the world. Like when they teach sex education in ... in high school I'm going to take it a step further... Uuum ... you know I want my child to know as much danger so that ... so that my child is able to prepare him or herself.*

Many women focused on preventing their child from ever becoming like their perpetrators as a way of protecting their children from their own history and preventing others from being hurt the way they were when they were younger.

Baby as catalyst.

Baby as catalyst refers to the transitional process that occurs during pregnancy when women experience a host of physical and emotional changes. This transition starts for many women when they first find out they are pregnant and represents the emotional reactions she has upon finding out she is expecting. The transition is further deepened by the changes in relationships and life circumstances the women are faced with during their pregnancy, how they perceive the baby to be changing her life habits and how she is changing her ways to accommodate the new life in her womb.

The physical changes due to pregnancy challenged women's levels of comfort to the extent that it could be very distressing for some women to no longer be in control of their bodies or their day to day activities.

> *This is stressful. Cause I can't wear the clothes I used to wear. I can't be the same person I used to be. I can't eat certain stuff. So now when you like ... I'm pregnant of- when you're pregnant and you want to eat that stuff, you're supposed – like you're used to eating, now it's just like it's stressful cause you can't eat it cause the baby, you don't want to affect the baby, and so that stuff*

The physical changes were also associated with attention from others that is perceived differently by different women. Some said they enjoyed the attention they were getting as a result of their changing shape, while others experienced the physical changes and attention as a challenge for their self-esteem and self-worth.

> *And men tend to focus there already, but now I notice even an increase. Like people who never before ... This one guy he was looking at work. Now I work ... in a Christian organization. And he was watching me, but he kept like looking down. And I think for him there's been a change and that's what he was recognizing. But I felt so uncomfortable and I go 'You're making me feel uncomfortable.'*

Participants admitted that they struggle with the weight gain associated with their pregnancy, in part because of their struggle with their body image. Even though they are aware that they need to eat healthily for their own health as well as their baby's, some women shared that they found it emotionally challenging to look at themselves in the mirror without negatively judging themselves as being overweight.

> *Putting on weight has been ... the hardest thing for me ever. It ... the one thing that screws with me the most. It's like I've gone through everything else, so I actually have to do the weight thing too? And actually it depresses me and it makes me think of what happened more.*

Women also experienced a wide range of emotions during their pregnancy. This turmoil of emotions was different from any other experience women had had in the past.

Some women were surprised by these emotional changes they were going through during pregnancy.

> *My problem is emotionally I'm a wreck . . . Everyone says I've ... – everyone who I know says they don't think I'm the emotional capability of having a child . . . But I still know I'm going to have a lot of problems emotionally dealing with this baby.*

> *Like emotionally vulnerable. Cause like I always put up my wall; like I always put up my fort. Cause like I feel so safe behind that wall. And now that like, you know, I'm pregnant, it's like ... no matter how much I try to put up this wall, it's like my emotions are just b-u-r-s-t-i-n-g through and it's like I feel like it's just EVERY where.*

Besides the emotional and physical changes women were working through, each woman spoke about how her baby was changing her. These changes ranged from changes in her career to changes in her lifestyle, and who she wants to be as a person in the world. For some these changes were welcomed as necessary to move forward in life.

> *. . . the pregnancy ... it's like another part of ME. It's really strange, and ... it's ... – I feel like I'm a warrior. I feel like I'm ... a new person.*

> *And the baby has made me a ... to be more wiser; more careful. More spiritually stronger. And, you know, even though I have some worries, happy. And not alone.*

> *I'm enjoying it thoroughly. I love my baby. He's ... made me become a better person. He's made me want to be a better person ... because I don't want to screw up his life. And ... I know I'm doing it for the wrong reasons, becoming a better person for someone else. I know I should be doing it for myself, but ... my theory is at least I'm doing it. And the more I do it, the more I love myself. The more I love myself, the more I'll do it for me.*

While others perceived some of the lifestyle changes as restrictive and outside of their comfort level.

> *Uuum ... and that's why ... I stopped smoking, even though I can't live without cigarettes. I stopped drinking. I stopped cutting myself; because as much as I go it's only hurting me, it's not hurting my baby, it actually will hurt my baby.*

> *Like the first day when the thought occurred to me that I can't balance everything that I'm balancing now, I remember sitting down and crying for like hours, and be like 'No. There has to be a way.'*

During this transition of becoming a new mother participants have engaged in different forms of preparation for the coming of their baby. The various forms of preparation include choosing a healthy lifestyle, dealing with emotional issues related to their past and present situations, and going to prenatal classes.

Future focus

Future focus related to the participants' hopes, dreams and fears for baby's future as well as their own. Movement within this subtheme is related to the cognitive processing the participants have engaged in about how her past will influence her future and the future she hopes to give her child. Some women believed that they had the power to ensure the past would stay in the past and not influence the future.

> *It's so hard to think of yourself. But when it comes to another life that you're responsible for, it doesn't start when you give birth and they're in your arms. You know it starts when you find out that they're inside of YOU.*

> *... I've had to learn to pull myself out of the past and into the present. And visit the past without staying there. Just visit, pick something out, deal with it, and then go back. And that's something that you learn to do.*

> *The past is the past; leave it alone. It's there. Move forward.*

> *The past is past. I decided to live with my present, and just look into the future. And there is no bad in the future for me; I know. I'm not going to experience that any more. I feel much stronger. There is no way, there is no way that I'm going to experience something like that.*

On the other hand, others acknowledged that their past trauma had an influence on how she would parent her child and what life lessons she hoped to instill in her child.

> *My own fear in regards to that is being overprotective. So that's ... one of the things where I'm like ... I'm going to have to really be aware of it. Because if I forget it then I might start doing it and it'll become such a habit.*

> *Ok, one thing, again like I said earlier, is the decisions; I'm afraid I'm going to have to go to other people for approval. Two, I feel like I won't be able to have a healthy relationship with the baby because I'm going to be afraid constantly to think, you know, of who they're with, why they're with them. Even my own family; which is why I feel like it's so hard. Because it was someone I trusted. Not just my mom, but her boyfriend; who was an uncle to me. And he did this. And so like I say when I see my nieces – even my nephews – little kids sitting with ... like their fathers – I get that weird feeling that you're not supposed to get. I don't cry all the time, but that's how it's going to affect me when I have my child. It's I'm going to have trouble letting them go. Leaving them with a babysitter, or letting another man, a family friend pick them up. I will have trouble*

Many of the hopes, dreams and fears were dependent on the child's gender. Women were clear that they wanted to prevent their child from experiencing the trauma they experienced in their own lives.

> *I hope it's a boy. I just find that boys are easier to protect. And ... I always say that one of the worst things, if not my biggest fear, is that I would have a daughter and she would go through ... what I went through.*

> *I was in total shock, and like uuum ... and then at first everybody was like "Oh, it's a girl. It's a girl that you're having," and all that. And I remember thinking to myself, sitting out in the front of the Scott library, and I thinking to myself "You know what God? I don't want a girl. Please let it be a boy." Because, like you know, I don't want her to ..." like, you know, cause a part of me was even saying, you know, what if my fiancé, like you know, tries to do the same thing that my dad did to me? Like I literally thought this.*

> *my child is going to learn how to respect adults, how to respect him or herself. Value him or herself.*

All women wanted their baby to be in good health and have a better life than they had irrespective of the baby's gender.

> *I hope that my baby will be healthy. And ... whole. And not go through ... any like really traumatic experiences. And that they'll aspire to be ... someone great.*

> *I'm really hoping my child is healthy, and I hope that like ... you know, like that maybe through all this, like because his personality is being formed, I'm teaching him how to be strong, and how to ... deal with so much stress and situations*

Vulnerability

The theme "Vulnerability" reflects the extent to which past and present experiences have influenced the participants' functioning within the society in which they currently live. It describes more closely the impact trauma, immigration, and culture have on the participants day to day experience of the world around them, and how they manage to navigate through the multiple systems such as health care, their social, professional, and personal lives, and the justice system, they live in.

This theme consists of 3 subthemes; continuing impact, cultural influences, and strength. Continuing impact related to the continued effect of trauma and the emotional struggles it brings with it, such as abandonment. It includes the recurrent triggers related to the women's experience of ongoing abuse or other experiences in their daily lives that reminded them of their trauma history. Cultural influences related to the experience of being an immigrant in Canada and how the participants' cultural expectations influence their perceived place in Canadian society. Strength related to the participants' inner capabilities and coping mechanisms to help themselves in the situations they found themselves dealing with trauma and the experience of becoming a mother.

Continuing impact.

All women discussed the lasting impact their trauma had on present experiences in life whether it was the impact on their family, relationships, support they received during pregnancy, future abuse experiences, or being triggered by characteristics that reminded them of their abuser. Some women spoke about the effects trauma had on their family. For one it was the recognition that trauma had been part of her family for

generations and that the pain caused by trauma were likely to be passed down for generations to come.

> *If my child sometimes could even pickup genetics from my grandmother, my great-grandmother, my great-grandfather. You know, this ... Even some behaviours; you know, some pain. Some things that are very reflective. How could you think 500 years of this wouldn't do the same type of effect only just worse because the trauma obviously ... OBVIOUSLY is twenty times worse back then than it is now. Right? Now it's ... it's more, you know, then at least you could physically see. Now it's like broken glass everywhere and you kind of ... try and not to step on it, you know, and try to put the pieces back together.*

Others described the impact her mother's trauma had on the whole family noting that many of her mother's opportunities were limited because of the situation she was in and the effect it had on the participants' ability to trust.

> *My mom was also raped when she was 16. She doesn't disclose that that was him or not. There's still a question ... I'm ... you know, the daughter of this man, or the daughter of the rapist. I still don't know who my real father is. I've never seen him. I don't know who he is. And ... she ... (sigh) because she was ... an abused woman she ... found a new ... man that she thought that was better than him.*

> *But I was told to ... trust him. Because she was put in a position – my mom was put in a position where uuuh ... this was a very male dominant man that didn't allow her to continue her studies - even though she was a professor in Mexico. And didn't allow her to get a job; which meant didn't allow her to escape ...*

Women described the response their families had to the disclosures of the abuse as silencing them from talking about it again. Women described how their families would try to ignore the fact that there was abuse happening within the family. However, when the abuse was someone outside the family, there seemed to be a stronger response to try prosecuting the perpetrator. Many of the participants spoke about how silenced they felt by being told either explicitly or implicitly that it was unacceptable for them to talk about what happened to them. They described the impact the abuse had on their families.

> *And there was pure silence. It was like a war in the family. You know. We're in combat; us three against him – against this ... beast, this monster. We're always fighting against him.*
>
> *So there are a lot of mixed emotions in my family as a result towards him. And I've had issues where like I've kind of felt like I ... I'm like did I destroy my family? Is it my fault? Did I ... – like, you know. But ... And I'm like it's not my fault. My dad destroyed my family, cause he shouldn't have done that.*

The women often spoke about the many different ways in which they felt abandoned by their family or friends for not protecting them from what happened.

> *it was very hard for me to build relationships. So there's ... – they ... they were relationships I was holding onto. And it was like 'Ok. I think I'm ready to tell.' And I lost two really good friends because of this. Because they were just like ... 'I don't want to deal with her.' They didn't want to deal with-*
> *Once I had really shared. I feel like they felt bad for me, so they- from time to time we'd go out, but they ... weren't supportive. They never- If I told them I needed to talk to them about something, they were like 'Oh, you shouldn't talk about it.' And I just ... – it was very hard for me to accept that ... People are like that sometimes, and sometimes when you open up you need to watch who you open up to.*

Women also explained how the trauma they survived has had lasting influences over how they are able to form or not form trusting relationships with friends or significant others. The ones who reported the most issues with trust were those women who had experienced more than one form of trauma in their lives at different developmental stages.

In addition to talking about the lasting impacts of trauma, women described more recent experiences which oppressed them or continue to oppress them now during pregnancy. These triggers related to all areas of their life.

> *I'm still angry. Yeah. I'm moreso angry ... that this exists in the world*
>
> *the father is ... uuum ... a replica, somewhat of a replica of my stepfather. And of these men.*

He was not charged for the rape because I didn't ... go to Women's College Hospital in time enough. You have at least 72 hours to report and do that ... rape kit thing and everything. The only thing that proves that I was raped by this jerk ... is that I have a miniature tape recorder that taped him ...

I'm not going to spend the rest of my life being dominated by this person while he's taking my positive energy, and my happiness away. And my TIME. That's what I'm so angry about. Is my time. Will he give me back the life of all the days that he stole from me? No. A year to a year and a half. Where within the year to a year and a half, if I didn't meet him, and I was on the street, by now I could have my own place. Not be pregnant. Not have diseases. Have a fulltime job. Can I still do that now? Yeah. But it will take longer time now. That's what I'm ... pissed off about, when someone abuses me.

I felt I was ... discriminated. Because I told this ... stupid doctor, I said a little bit about [name of ex boyfriend], right? And I said ... I left a domestic violence, and right away she didn't ... LIKE me for some reason. She just ... You know, I look native, ok. I'm from Mexico. Fuck off. So what? I look native. But the woman for SOME reason, she didn't like me. So partly was discrimination. Partly because the father was ... a Canadian; French, Irish and Scottish. So she was like ... I guess protecting her ... KIND, I guess. Maybe she's from those countries.

being homeless is one of these things where ... one of the ways males AND females on the street get by a lot of time is by using what you have. And ALL you really have when you're on the streets is your body. Your self

I would have slept with him; it wouldn't have been a problem. Cause I could detach myself from that. You know? I had learnt that it was just sex. Just because he takes my body doesn't mean anything. That's as far as it goes.

it's not the first time I've been assaulted, so ... I sort of know what comes out of that.

And ... it's amazing how many times you ... you come across to someone sexually abusing you; over and over again. And this has happened to me when I was a child. And then I met this man and he did the same things.

Cultural influences

In telling their stories participants recounted different cultural influences from their country of origin that influenced their experiences both back home and in Canada with trauma, immigrating to Canada, the justice system, and health care during

pregnancy. Related to their experience of trauma in their country of origin one woman described the experience of her abusers culturally sanctioned immunity due to cultural status. This resulted in a lack of prosecution for his actions.

> *because his position. Cause like we're from Jamaica. And his position in Jamaica, like you know, like ... nothing would have came out of it. Because he was in charge of like the whole police force. He was in politics. He, you know, like he ran the whole transportation system down there too, so, you know, like we couldn't do anything about it.*

Another woman described her own cultural status in her country of origin and how that would have affected any prosecution if she had fought back to her abuser if he hadn't stopped.

> *'I dare you. I will – you will be dead. And I will feel nothing.' And the funny thing about it is because of my family and my family ties in Kenya, no one could do anything to me if I did it. I would just ... The cops would come, talk to me. We don't even have a police force so they probably wouldn't even do that.*

The women who spoke about their immigration to Canada described various reasons for coming to Canada. For some it was a new start following a significant other moving to Canada or moving away from all the bad things that had happened to them when they were younger.

> *I just, you know, I let it all out. Because I started completely new right here in Canada*

Being in Canada was the source of much isolation from family and cultural ties that would have been a great source of support.

> *I'm totally afraid. (whispering) Totally afraid. (regular volume voice) I'm in this country on my own. Everyone is back home in Kenya, so I was sort of dumped here for university, and I end up getting pregnant; lovely. I have no idea what I'm going to do.*

Although many women experienced isolation when they moved to Canada, some described their immigration as an empowering experience. Looking back the move to Canada gave women control in their life, yet, that sense of control and empowerment was not achieved without many challenges along the journey of their immigration.

> *I like having my own control because coming to this country was the first time I have ever taken control of my life. Because even coming here, my dad didn't really want me to. And I managed to do it. He put like obstacle in my way for me to like not come here. Like, you know, like telling me I had to come up with half of the tuition. And I was like "You know what? I'm gonna do this." And because I wanted to get out from under his roof, and I wanted to take control of my life, that's why I did it*

When speaking about their experiences in Canada, some women described isolation from peers as one significant barrier to their integration.

> *I didn't have an opportunity to speak up, to make friends. And on top of it I was always bullied at school too. Because I was like ... the loner, the loser, the geek in the back of the room. (laughs) And uum ... these brats didn't know what I was going through in my home. And they were Caucasian kids from ... – I mean we are talking Guelph.They were well off. They were spoiled. They were delinquents. Maybe they were going through the same thing, but their out ... outbreaks were ... on me.*

Other cultural influences related to women's experience of abuse while they were in Canada. Women describe their struggles trying to negotiate the justice system and how they perceived they were treated by the police in trying to press charges against those who assaulted them.

> *But I felt ... I felt I was ... not believed with the police.*
>
> *It's almost like the system ... doesn't give a shit that these men- regardless if they rape you or not, doesn't give a shit that these men whore around and give diseases to women. It's to protection of them*
>
> *the ridiculous, shitty law that we have in Canada – is that ... (disgusted snort) – and again it goes back to ... you're innocent until you're proven guilty in Canada. Fortunately that's what ... I ... learned when I took OAC law. (big*

sigh) If we were in the United States it would be different – you're guilty until you're proven innocent.

They waited for the phone conversation to be over, and they waited to listen to the whole incident on the phone before coming to stop it; to collect evidence. Fricking come and stop it before it happens, then you don't need any evidence because nothing would have happened and I would be fine right now. That pissed me off. And the detective wonders why I hate him so much; (whispering) but I HATE him soooo much.

In relation to the experience during pregnancy women described their interactions with the health care system. Two women said they had very good experiences with the health care system.

the doctor I had is really, really good. He's amazing. And helped my cousin to deliver their baby. He's good. He's always honest with me. Every time I ask questions about the baby, he will- like he will answer honestly. And I don't have a problem with him. I don't have a bad experience with the doctors.

So far I've had very, very positive experience. I like everything - health care I had very bad experience in Russia with the doctors. And I ... I have something to compare with.

it is a great difference. When you ... when you first have bad experience, and then you have good experience, then this good experience becomes EXCELLENT
I'm pretty happy because I know that it's ... it's kind of complicated to get a good doctor here in Canada. I heard many stories from different people

Two women described their entire experience so far with the health care system as being very negative.

Honestly. I don't really like ... I don't really like doctors ... and hospitals and all of that stuff. I ... Like my ... my experiences with them, it's just always get bad news there. You just ALWAYS get bad news like ... you know? Even though it's a place to save people and that.

So I went to the patient relations; she knows all about it. She thought it was stupid and ridiculous that they have this policy. I said "So in other words ... so

> *now I'm being discriminated on poverty."… Why other women get an OB within a month, and not me? Just because ... they have a phone, or because ... they're Caucasian, or whatever the ... situation is. Or because ... their boyfriends or husbands are with them. But for me it was difficult. I feel like I've been outcasted ... And I feel like the message is sent to me 'Oh, you're just a whore. We don't care about you.'*
>
> *I find like with healthcare providers ... if you don't tell them- like they don't ask you about your feelings or your thoughts, or anything like that. Like it's more like ... you have to like tell them. Like, you know, like if you don't tell them "Oh, you know, can you check this for me? This is wrong with me," or whatever. It's like ... they ... they won't look- they won't think to check, or think to ask, or anything like that. They just do their standard thing and then they're out. You know what I mean? So I feel like they're ... they're not compassionate towards patients. Like I really do feel that way.*
>
> *I feel like a number*

Other women noted mixed feelings about their experience, often having to switch doctors because of their experiences. These women describe that the first doctor they went to see didn't listen to them or didn't give them enough time to feel understood and respected. Some had a hard time getting to see their doctor because of conflicts with doctor's administrative staff on the phone.

> *I've had two doctors. One was my family doctor before who ... dealt with my pregnancy for the first ten weeks, until I moved to see Dr. [name]. He was appalling. I'm sorry. Like he was ... he didn't ... One, I told him how pregnant I was, and he did nothing about it. It's like 'Ok. I need to know things like am I supposed to take vitamins? Am I supposed to ... What am I ... He was just appalling.*
>
> *overall if it's a scale of one to ten to rate my experience with the ... thing. I've had the really negative, and the really positive – bringing it riiiight about to the middle. So ... the one doctor who wrote off my baby before my baby even had a chance was at the zero. And then my doctor who is hopeful, and meeting me where I'm at, is at the ten. Because it's not about giving me false hopes and saying 'Oh, yeah. The baby will be fine. For sure.'*
>
> *I just wanted to try something new. I did end up trying to see this doctor, an OB, at Centenary in Scarborough. And I felt like she wouldn't listen. Like she came*

> *into the room and she didn't ask me any questions, nothing. She didn't even look at me; not once.*

One participant admitted avoiding regular health care because the thought of having to undergo certain medical procedures reminded her of the abuse she survived when she was younger.

> *a part of avoiding doing that is not having a regular doctor because they don't know ... when you had one. There's always [holes? 19:09]. It would be like 'Oh, when's the last time you had a pap smear?' 'I don't know. Like five months ago.' They'd be like 'Oh, ok.' And then you'll disappear for awhile and they'll be like 'When's the last time you had a pap smear?' 'Five months ago.' You know. But I never ... felt comfortable with somebody like ... – woman or man – going down there and like all up in my ... stuff, you know. So I'd always avoided it.*

Participants seemed to have a multitude of experiences with the health care system ranging from very positive to very negative and everything in between. For many women getting regular health care during pregnancy seemed to be very challenging either due to their interactions with the health care providers or due to their own schedules.

Strength

Strength related to the women's inner coping mechanisms throughout her experience to deal with the emotions or turn to others for help when she felt she needed support. Strength related to the varying degrees of resilience the women had developed over the years that they were able to utilize when needed.

Almost all women spoke about different forms of resilience they have built up over the years which has helped them through the rough times and which continues to build up who they are today. Some participants spoke of their own strengths as they see them influencing their paths in life.

Whereas girls, we can at least ... pers- We can ... we can keep going; we're pretty persistent.

it's amazing how strong all of us, you know, are to finally wake up and ... and just put a limit and get away, you know, from these perpetrators.

I am protecting the child from him. I haven't told social services the name of him; of the real father. Uuuh ... so ... my strength has become more

I feel that core, you know, inside myself that I'm pretty strong

Empathy ... will definitely be a strength. Because I've been through a lot. I've experienced a lot. So I think I can understand a lot more of what my child goes through.

I associate being a survivor with, you know, like the strength that I think that I've had over the years, to actually lead a productive lifestyle like, you know. To finish university. Come back. Try to

For others resilience wasn't something they readily noted as their own strength, it was emulated in more subtle ways in which they conducted their lives.

I try to find a ... an opposite thought; a positive thought. And just tell myself "This is wrong. Your thoughts are wrong. You're a very strong woman. Look what you've achieved.

I have no idea HOW I'll manage. But ... I'll get through it. I'm a tough cookie. I got through everything else that happened to me. True I was royally screwed up and almost psychotic. But I got through it. And I'm doing a lot better now

Resilience was demonstrated in the insight women had on how their experiences throughout life have brought them to where they are today and prepared them for what is to come. Another way the women demonstrated strength in their stories was talking about their experience. Speaking with others was, also, a vital source of support to deal with the challenges the women had faced in life.

I do a lot of motivational speaking, especially to youth and stuff

Another strategy that I'd like to have is to see a counselor. I think that's where it changes, because then there's something that they can't fix that maybe a

counselor would be able to fix for me. So I guess you would say that would be like a new strategy.

It was helping me. It was like ... a person who ... who I was talking to. And I could write anything that was bothering me. It was really helpful. Right now I prefer talking. When something bothers me I always talk to my husband, to people. Though some people don't want to talk. Uuuh ... yeah, I prefer talking. But I decided to make a book for my baby. I started a book

talking to a counselor; to workers like ... you. I'm going to ... Do you know where I'm going? I'm going to ... to a centre, to the Spanish Centre. It's like a lot of help there. They help you ... like realize to like being a mother. Or they help you to do stuff.

Based on my experiences? I've learnt that counseling is like the number one tool in the world ... for working through your stuff.

Some women spoke about their family being instrumental in hearing them and letting them talk about their experience and their struggles.

they MADE me talk about it; or like "No, you're not keeping it- TALK about it." And I think that's the healthiest thing that they did. Like cause if I didn't talk about it, then maybe I would have been worse off.

I just always ... I've made it very clear with my ... my dad's family – or my family; they're my family. Right? That I want to be able to get ahold of them no matter what time, no matter when, where I am. Because I know sometimes I'll just ... I'll just start crying and be like I need to talk to you guys. They KNOW what I've been through, and they know what I'm going through. And they ... – they know what I'll go through because they've been there – I mean as far as the pregnancy is concerned. So my strategy really is ... just for me to cope with things is to get ahold of them and have them ... provide the emotional support that I need, and give me as much information as I need.

Similarly, women also found that journaling and other forms of writing were helpful ways to cope with everything they had experienced. Some had also started writing books to document their progress in life from what they experienced to where they are now in life and what they have accomplished, as part of their healing.

I write poetry. And just ... my thoughts. I journal a lot. I usually burn them after. (laughs)

Once I get it OUT, I just like to be like 'Ok, it's out. And now ... you can heal. Now you can destroy it. And you can replace it with something else. Cause I've learnt over the years that ... the more ugly, dirty, not so good stuff that you keep inside is the less space you have for the good stuff. You know, so ... KEEP all the things you learn, but let go of the negative experiences ... is what ... I feel

I think that the way for me to overcome this 100% and totally be free with this, is to finish that book. I really think so.
The direction that it's headed in, like as I said like before, I wanted to put a face on sexual ... assault survivors, you know, who were sexually assaulted by their fathers. And don't think that, like you know, society talks a lot about that, and you know, like and there are no, like there are hardly any materials out there, or mechanisms out there, for them to like relate to. And for them to see that other people have gone through it and have like conquered it, and have- and you can be normal; you can have a normal life after. You know, like look at me, like I'm having a kid and a husband.

Women spoke about spirituality as an important coping mechanism for them throughout their life. Of the women who spoke about spirituality, some remarked that they came to their faith sometime after they are abused as children. Whole others said that their pregnancy brought them closer to their faith.

The baby ... has brought me closer to God

And I got saved. I became a Christian. And found some ... value in my body; or regained some value in my body.

There was no ... need for acceptance. I mean I just felt ok to just be. I never felt that anywhere else. You know? And I couldn't find that in myself. You know you need that inner peace in order to be able to connect with other people.

I realized that it didn't just have to be within the four walls of the church that something ... – God is someone that you could take wherever you go. That's a continuous relationship. Where you're in your bedroom and you're plagued with guilt and hurt and pain, and he's right there with you. You know, so for me that was a major turning point I think in my healing journey too.

> *God became my biggest source of ... reliance. He's really ... you know. He's great*

> *So it's only faith alone that's going to get me through like knowing that, like you know, and sort it out.*

Other forms of coping strategies mentioned included some methods that could potentially cause harm to them. These women described these times as ones of great turmoil, moments when they were trying to find ways to escape from what had happened or times when they didn't realize they needed help to deal with their experiences. The experiences of turning to those coping mechanisms sparked for all women a desire to do things better, to live.

> *But until I got into drugs, that's when everything ... went down. Uum ... I've never done heroin. And uum ... I've never done crack. But I've done everything else. (pause) You know, I started on marijuana; and it wasn't working anymore. Hash, beans, oil, 'shrooms. Peyote. Mescaline. Acid. Angel Dust. Coke. Blonde hash, which is mixed of coke and hash.*

> *it was at that time when I was trying to get my stuff together that I realized that I did have a lot of stuff that I needed to work through. And ... I never knew at the time that I had mental health issues, but I attempted suicide and then ended up in the hospital, and all that kind of stuff. It was after I left there that I was like 'Yeah, if I want to live I'm going to have to deal with the stuff from before.'*

> *And when you're in that place you can't feel love. You can't feel nothing, and you're like a fricking zombie walking. And you have to go to the club to get your next fix to feel alive. You have to cut yourself. I have scars all over my hands, cause that was the only way I knew I was alive. To see blood leaking through my veins was the only way I knew that I was still alive, cause I felt ... dead*

Most women had more than one coping strategy, women who had used potentially harmful methods before had learnt to use different ones such as talking to their counsellor or turning to their occupation, sport or recreational activity as methods to help them through some rough times. All of the women acknowledged that they were

using something, from their spiritual beliefs to positive self talk to coping strategies, at some point throughout their pregnancy.

Role concepts

Role concepts related to the participants' diverse ideas about a variety of roles portrayed in a family. They represent the ideas women have about themselves as woman or as mother but also how they conceptualize the role of their own mothers in shaping their own ideas about mothering in society. The idea of what a family is and what it should do for its members is captured in this theme as it relates to these women's upbringing and desires for their growing family. The construction of roles as woman, mother, or family relates to these women's experiences throughout their life span, their own family construction, what they like or did not like about their upbringing. Many divergent experiences culminate to influence the participants' concepts of themselves and the role structures they participate in.

Many women spoke about their own mother's and how her parenting behaviour influenced what the participant wanted to achieve in her own parenting. Some saw their own mothers as role models to be emulated.

> *she sacrificed herself for me. So we've never been ... closer. I don't think ... I love anyone as much as I love my mom. Because I can't imagine anyone doing that; which was amazing. And ... I was like if I ever have a child that's who I want to be like. My mom is awesome like that. So it means a lot to me to know that she supports me through this.*

While others spoke about their mother's falling short when it came to parenting them when they were children. For some of these women there was an understanding that their mother must be hurt in some way that she didn't meet her children's needs either back then or now.

I think for my Mom to hear some of the things that I went through, for her it's even more painful. It's painful for her that ... I hurt. But ... it's more painful that she didn't do ... everything she could do. So it goes back to her pointing the finger at herself.

She doesn't realize, but it's really my mom who put me on to these types of thinking in terms of to research it. Because of her behaviours. Cause she nev- she wasn't a bad mom. She never ... She always wanted the best for us. She actually tried. She would work, you know, ... on her hands and knees if she had to. She would take all kinds of abuse which we WATCHED her take. Right? And ... for us. But she just- she needed the help. She was young herself, you know? Uuum ... and like, I don't know, it's like ... it's like ... I think she wants to just push it in the back of her mind. She always does that. She's very passive.

When talking about their mothers the participants portray many feelings of abandonment or disappointment in their mother for not meeting their needs as children.

why she never can be the mother I want to be.

My mother changed forever. She ... she developed schizophrenia. She became sick. And she ... stopped caring about our- about her daughters; my sister and I. She didn't care about herself.

And me being pregnant now, it makes me very angry cause ... I tried to protect her when she could have protected me. And I was so young. My relationship with my mom now is ... is hollow. Like ... I guess you could say we're close, but we could be closer. And I'm afraid ... that ... I'm going to end up like her. But deep down inside I know I won't because I've been through it.

The women expressed how hard it was to open up to their mothers about difficult events they encountered in life and how they looked to them for help and support even though they were wary of their mother's response to them.

And if I start talking about my feelings I'm going to end up saying 'Mom, why did you do this?' Cause I have talked to her about it, and it was like (whistling sound), out - you know, one ear, out the other. And it was like ... I don't want that to happen ... to me. And I don't want my relationship with my child, or anyone around me, to be ... affected by what I've been through

> *was petrified of telling my mother. As much as I love my mother, ever since I was 14 she told me 'If you ever get pregnant you are leaving my house. You're not coming back here. And if you come back you're paying rent. And you're buying your own groceries. I'm not taking care of your child. Cause I've done my own parenting. I've parented YOU, and your brothers. And you're supposed to parent your own children.' I was petrified of telling my mother.*

The experience these women had of being parented by their mothers has given them a determination and a goal for the type of mother they want to be to their own children. For those who had a positive experience of their mother's parenting the response was to emulate her strengths, whereas those who had negative experiences wanted to be different from their mothers.

> *I want to be a good mother. I want to be a strict mother. I want to be the type of mother my mom was.*
> *I just don't want to be abusing my daughter. And I don't want that, so if I'm trained to not be that mother, and trying to ... - not the mother, the perfect mother everyone wants, but to be a considerate mother*

> *But again I think everything that I've been through with my mom and with her boyfriend, it made me almost want to prove to her, or even to myself, that I could be ... a million times better mother than her.*

Aside from being different mothers than their own mothers were to them, the women spoke about fears that they would end up being exactly like their mother and not being able to do anything about it.

> *The main question I ask myself ... am I going to be as weak as my mother? Because what happened to ... to her was weakness. And it affected our life; her daughters' life, right? And this is what I ask myself. And I don't want to be like her. Sometimes I'm scared that I might.*

> *I mean with my relationship with my mom, she was always doing things. And I feel like she needed the approval of other people, or the man in her life. And this is why I'm saying ... part of me is afraid of being a mom, because I'm afraid that my decisions will be based on the approval of men; other men in my life, not me. And I'm afraid I'm going to be like her ... in that ... in that sense.*

> *Maybe it's ... it's in my genes. My mother was like that; I don't know. She, as I said, she had many men and ... Yeah, this is what I'm scared about – genes. This is what I'm scared about. I don't want ... to be like my mother. I don't want to end up like her. (crying) No way.*

Besides comparing their ideas of mothering to their experience of their own mother, all women discussed the role of themselves as mother. Most women spoke optimistically about themselves as a mother; wanting to be the best mother to their child they could possibly be given the circumstances.

> *One, I don't think I have ever started something I will not finish. If I decide that I was having this baby, then I'm having this baby. And that means I'm raising this baby until they're 18 and I'm no longer legally obligated to take care of them. But ... even when they're 60 years old, I'm STILL going to take care of my baby. No matter what.*

> *I was really happy actually. I wanted to be a mom since I was 12. You have to understand. Now I wasn't going to have a baby until I was married, and out of university. But I wanted to have a baby since I was 12, so I was happy anyway*

> *I know what it means to take care of younger children. I have TONS of experience in that. So I know that will ... that will help a lot.*

> *It's just like my hopes and my dream is just like ... be the mother of my baby wants me to be.*

> *I guess that if something is gonna happen to my baby, then EVERY thing, every trial, every negative experience in my life has been to prepare me for the moment of losing this child.' Because that's how much this child means to me.*

Most women also spoke about themselves as a woman and how they view themselves within that role of being a woman. There were differing self images women had. Some felt positively about themselves in the world in which they live.

> *I'm the most confident person in the world. No, I'm not actually, but I just pretend to be.*

> *And I'm so ... hardheaded sometimes that nobody has to tell me something for me to get all ... strong willed. It's just me telling myself that I can't do something. Like I know I can do anything I put my mind too.*

Others were more negative about themselves:

> *You are last. You're the toilet and you're the punching bag.*

Participants spoke about what a family should do for its members and what she wants her family to be like when her baby is born.

> *basically he's been asking me and I've always been like "No. No. No." And I'm like, you know, after I got pregnant just started thinking oh, I want my kid to have a proper family; mother and a father. And, you know, like be raised properly. So that's why I was like ok.*

> *I came from a troubled family. At that point when I was a child I didn't understand what was going on, but later when I was thinking about my mother, about my childhood memories, they seem to be very ... very horrible – like WRONG – that it's not the way it's supposed to be.*

> *Family is something that should be ... strong, and everybody should be happy in the family. So I ... I will prove everybody that I will be different. Yes, my family will be a happy one*

> *the marriage part? Well I mean, you know, maybe this Christmas he might just ask, eh? (chuckle) You know? I don't know if we talk loud enough. (laughing) He might do it. But uuum ... yeah, I'm turning 24, and the baby will be here by the time I'm 24. So I think I ... I met most of my goals. Maybe not in the exactly the order – cause I did say I wanted to be married first, but, I mean, the economy was a lot different at the time too. So ... it's going- in terms of my goal setting, it's gone pretty well ... to this point. And that's why I'm ... I'm pretty comfortable with it despite, you know, family is not exactly what I want it to be, and all of that stuff.*

Along with the concept of what family should and should not look like women also explicitly spoke about the role they want the baby's father to play in their child's life. Being connected and present was one of the biggest themes that resounded for all

women talking about the baby's father, although there were differing degrees of involvement they expected.

> *I just expect him to love his baby. And I've seen him with his daughter, and I know he's an amazing father. And I ... That's the one thing everyone asks me. I'm like that's the only thing I can't find fault in him for. His relationship with his child. He will do anything for his children. So ... I just expect him to do what he's doing with his daughter with his son. It's as simple as that*
>
> *I expect him to do his best as a father*
>
> *I want him to emotionally involved in the whole thing from the very beginning.*

Some women did not want the father of their child to be involved in any way because of an abusive relationship or the nature of the conception of the baby. Overall the women who did want the father of the baby to be involved wanted more than just financial support. They were looking for an emotional commitment to raising their child together.

> *my major thing is yes, contribute financially, but I find that the emotional support, and just him being there, is going to be way more important than any dollar that he can give. You know? So for me that's a major thing. Just a positive ma- male influence in my child life. And just knowing that he or she is loved by ... their father. That's what I expect from him. Expect him to give it his best.*

Chapter 4: Discussion

The purpose of this qualitative study was to understand women's experience of the transition to motherhood in the face of their history of childhood sexual abuse and immigration to Canada. A phenomenological perspective was taken to understand the impact of women's lived experience of immigration, both willful and forced, on the experience of becoming a new mother. The theoretical framework used to underpin this research was Bronfenbrenner's ecological model, which provides a structure to understand how many different aspects or systems influence an individual's experience and development throughout life.

The data analysis from the transcribed interviews of 8 women revealed 3 themes: transitions, vulnerability, and role concepts. "Transitions" represents the transformation women experienced throughout their lives as a result of childhood sexual trauma they experienced, and the changes brought on by their pregnancy, the preparations they were undertaking to become a new mother. "Vulnerability" refers to the varying degrees to which women continue to be affected and oppressed by their experiences from both their past and present, and within the systems of health care, education, work, and social circles in which they live. It includes the lasting effects their life experience, trauma, pregnancy, and immigration had on the ways in which they interact with the world around them on a daily basis. "Role concepts" demonstrates the different functions the women had within their life as woman and future mother. Women constructed ideas of what should happen within these roles based on their life experience with their own families, and especially, their own mothers. Role concepts conceptualizes reality versus the ideal each woman strives for in terms of their futures and their intention to raise their

children in ways that conform to what each woman believes is the ideal way to raise a family.

Transitions

This theme represents the change process women experience as they adapt to their changing environment and life circumstances. Any transition is a movement from one place or emotional state to another. This movement and change occurs on a continuum and is a process of moving back and forth as the experience is being processed, physically, emotionally, and intellectually. Experiences women have change them in many different ways and that transformation is encapsulated in this theme. The results revealed three sub-themes: baby as catalyst, future focus, and post-traumatic growth. Each of these sub-themes are representative of the catalysts women identified as being influential in their lived experience; recovery from trauma, becoming a mother, and becoming enculturated to life in Canada.

When talking about "transitions" in their lives, these women generally did not speak explicitly about cultural impacts. Some women did, however, talk about how certain topics, such as sexual abuse and some of the struggles they were going through when pregnant, are not talked about in their family or culture. This is congruent with research on the prevalence of CSA worldwide and it being vastly underreported (Leeners et al., 2010; Weinstein & Verny, 2004; WHO, 2002). Although this phenomenon is worldwide, it is plausible that it is more or less acceptable to discuss CSA in some cultures than in others.

Baby as catalyst

Cultural expectations about childbearing might also prevent any openness about negative experiences, especially if they are related to triggers from women's CSA history. Similarly, women in general have reported a lack of openness by others about the reality of pregnancy and childbirth (Wilkins, 2006). As a result, women expressed feelings of betrayal by people they thought they could trust and silence about what had happened to them and what they were experiencing. This further perpetuated their feeling of isolation from people and places they thought should have been safe.

The finding that the baby is a catalyst for change is congruent with previous research that women can experience pregnancy as a new beginning and a fresh start (Schwerdtfeger & Wampler, 2009). This was evident by the preparation women were undertaking to prepare for motherhood, both emotionally and physically. For many, pregnancy was a time to start taking care of themselves.

Post-traumatic growth

Cultural and societal norms are broken when children experience CSA. Posttraumatic growth, which emerged as one of the sub-themes, is impacted by the cultural and societal norms about appropriate interactions between members of society, as well as how people react to disclosures of CSA. As reported in previous research, women experience a transformation in their life when they are able to move forward and recognize the growth they have experienced within themselves, in spite of and sometime because of their history of trauma (Schwerdtfeger & Wampler, 2009). Previous research has not looked at this experience of posttraumatic growth in light of immigration and pregnancy as a potential catalyst for healing. What we do know about posttraumatic growth is that people make meaning in the aftermath of trauma, and research has

demonstrated that support is critical in this process (Shakespeare-Finch & De Dassel, 2009; Tedeschi & Calhoun, 2004). Therefore if support is critical to cope with the challenges of daily life, and women who are immigrants have less support, it makes sense that they (compared to women who have a great deal of support) may be challenged more in their experience of finding their inner strength.

Future focus

Another area within the theme *Transitions* in which culture is evident is in the women's future focus. Cultural norms about leaving the past in the past and learning from the past were evident in these women's stories. Depending on their background they shared particular beliefs about the influence the past should have on the future or what is expected from them as new mothers; similarly, the ways in which each woman deals with her history in the present moment are also influenced by her cultural background. Women living alone or in poverty have been known to experience a grieving process throughout pregnancy as they have had to renegotiate significant tasks, such as their hopes and dreams for their own future and their career (Keating-Lefler & Wilson, 2004). Renegotiating their past and future may be common to all pregnant women, yet the extent to which immigrant women are asked to negotiate these changes might be influenced by similarities or differences in their experience and expectations of motherhood from their country of origin and living in Canada.

Interestingly, this connection, between her past experience being influenced by her cultural background was not expressed explicitly by the women in their interviews. Maybe this unfolding of culture is not as salient in these women's lives as it is for an outsider looking in; perhaps, albeit implicitly, it is reflected the women's world view and

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lived experience, while the research deliberately and explicitly tries to unfold and name culture's impact on women's experience.

In discussing their hopes and dreams for their babies, culture emerged in the women's hopes for a specific gender. This not only is related to their trauma history, but, in very significant ways, it could also represent the overarching cultural valuing of each gender. Women are generally an oppressed sex, and in some cultures having a first born male is considered more preferable than having a female. So much of these women's history impacts their desire to have a male, out of fear that the same would happen to their daughters if they had a girl, that it is hard to distinguish how much of a cultural impact there is on these expressions of hopes and fears. This is similar to Lev-Wiesel's (2006) findings that women feared for the potential abuse their daughters might experience. Although, it is unclear from the present study, it would be interesting to tease apart the cultural influence on this fear, and the hope for having a male child, compared to the impact of CSA. Despite the unknown cause and effect, it is plausible that cultural gender values and norms further exacerbate women's hopes and fears for their children as a result of their own childhood trauma.

Vulnerability

This theme represents the areas in the women's lives which have made them vulnerable. Vulnerability falls on a continuum which is influenced by multiple experiences and inner strength a woman has. The results revealed three subthemes: continuing impacts, cultural influences, and strength. Each describes the experiences women identified as being influential in her ability to function throughout her life and especially now throughout her transition to motherhood. The impact of vulnerability on

the women's experience relates to the presence or absence of certain experiences, such as, but not limited to, the lasting impact of trauma, ongoing abuse, positive or negative experiences in Canada, isolation, and coping strategies. The magnitude of women's described vulnerability depends in large part on her experiences and how she is able to utilize her inner strengths in the face of adversities.

The women described ways in which their migration to Canada has isolated them from very important support networks in their country of origin. The cultural impact of such isolation is tremendous, especially when women are going through such an emotionally charged phase in their life during pregnancy. It has been found that women's ability to negotiate the transition to motherhood is strongly linked to the social support she receives (Wilkins, 2006). The isolation and betrayal women spoke about are closely linked to culture, as culture influences how its members negotiate topics such as childhood sexual abuse and pregnancy.

Cultural influences

The expressions of culture throughout the theme "vulnerability' are multitude; women described the cultural oppression they experienced from predominantly male dominated societies and the impact this had on their access with systems such as health care and the justice system. Although not explicitly mentioned as cultural impacts, women's experience during pregnancy with the health care and justice systems are largely related to their experience and expectations of their functionality in relation to similar systems in their countries of origin. Previous research tells us that immigrant women tend to have difficulty accessing multiple resources, including health care and other social services, throughout their pregnancy compared to Canadian-born women

(Kingston et al., 2011). Like the women in this study, who felt discriminated against by their health professionals, other immigrant women, who have not reported CSA have noted the same dissatisfaction with their health care during pregnancy (Hill, Hunt, & Hyrkas, 2011; Marsella & Ring, 2003). Moreover, this research illustrates the multitude of challenges immigrant women, who have experienced sexual trauma, have to negotiate throughout their pregnancies. This illustrates the complexity of the transition to motherhood for these women, when all barriers and challenges to receiving services and support are considered.

Immigration brings with it many cultural adjustments such as acculturation to new socio-cultural norms, renegotiating one's own norms, values and customs. Women's experience in Canada is greatly related to the expectations they have for what life should be like. This affects women's perceptions of the official systems within Canadian society, such as the health care system, cultural norms on social relationships, and the justice system. Moreover, the degree to which immigrants successfully integrate into a new society depends on the level of connection they have with support systems both in their country of origin and their new location. Social isolation from either of these support networks affects the overall experience and adjustment to new situations. Large differences in cultural expectations and actual experiences increase women's vulnerability adapting to many different demands on them during pregnancy, especially if those experiences include forms of oppression, social isolation, and ongoing trauma.

Strength

Culture also affects where women find strength to cope with their daily demands. We know that from immigration can spring a greater sense of resilience and strength for

immigrant women, who are able to learn new coping strategies and skills to help them succeed in their daily activities (Kemirere, 2007). These new experiences in Canada together with their growth in the face of trauma might help women to find their inner strength. Resilience and strength are major protective factors from areas of vulnerability throughout the process of becoming a mother (Schwerdtfeger & Wampler, 2009); for all women, but might be especially important for immigrant women who experience vulnerability on many more levels.

Role concepts

This theme represents women's notions and values about multiple roles women and other people in their lives have. It includes how women perceive themselves functioning within the contexts they live in. The concept women have of each role prescribes to them set behaviours or actions that are expected in order to satisfy and successfully meet the expectations of that role. These culturally defined notions of the division of the labour and gender roles develop as children learn from the example of others around them. Throughout women's lives they have seen others role model what they need to do in order to 'fit' in the category of a woman or mother. Women compare their own behaviours to the model their mother and other female role model have prescribed to them to evaluate whether they are succeeding in that particular role. These role concepts are in some ways prescribed by the woman's social-cultural background, gender roles that are the norm in their country of origin. In other ways, role concepts are strongly related to the way in which roles played out in a woman's family; from this she learns what a family should or should not do for its members.

Although not explicit, throughout the women's stories about role concepts cultural norms are interwoven. Every notion women have about themselves, their mothers' successes or shortcomings, their baby's father, and their new family is closely linked to the experience within their country of origin and their cultural background about the norms and expectations for each respective role. Role concepts, although closely linked to their history of childhood sexual abuse, are imbedded imprints of the norms and values within their culture about how families should be constructed and what their roles are toward each member within that family. It is interesting how these underlying assumptions, gained from each woman's cultural background, have universal themes such as blaming their own mothers for falling short in protecting them and wanting to provide for their children a better life than they had themselves. Research on the transition to motherhood supports the finding that women renegotiate their roles in life throughout pregnancy (Darvill et al., 2010; Mercer, 2004; Nelson, 2003).

All the roles discussed by the women are affected by their culture. These roles, socially constructed, influence how we value our own actions and others. Expectations of mother, whether realistic or not, are constructed by the culturally bound images people see through media sources and stories passed down through generations. Women blaming their mothers, for her shortcomings, isn't exclusive to women who have survived childhood sexual abuse, although research does suggest that survivors of CSA report less positive bonds with their mothers (Fitzgerald et al., 2005). However, the experience of trauma, the abandonment these women have felt, and the cultural expectations they have for what 'good mothers' do, based on their experiences both in their home country and in Canada, frames their experience and goals for their own mothering.

Similarly, both trauma and culture affect women's views of self as woman, mother, and any other role they may have within society. The experiences these women have had combined with the expectations they have for what "ought to be" create inner conflicts that become more apparent during a phase in their lives when they again are asked to 'redefine' themselves in the environment they live in. Suddenly, maybe more than ever before, women are propelled into challenging their beliefs and expectations about themselves and others around them. This was found by Capelli (2011) who noted that immigration affects women's conceptualization of self, as female, potential mother, and her role in society.

Ecological theory

The findings of this research are similar to those of previous research. However, what is new is looking at these findings from a cultural lens, trying to encapsulate the lived experience these women had by integrating the impact of culture, immigration, pregnancy, and their CSA history. Bronfenbrenner's ecological model (1979) can provide greater insight into the interwoven impact the women's unique context has on their experience of becoming a new mother. As illustrated in the above discussion, we can see the multiple layers affecting women throughout this emotional and physical transformation to motherhood.

The systems immediately affecting these women's experience are their family, religious institutions, and the neighbourhood they grew up in. For many of the women in this research, their early experiences of trauma came from within their own family, neighbourhood, or peer group. These experiences also have had direct influence over how

the women now view family and friends. The long term effect they have on relationships is still experienced today by many of these women.

This long-term effect can be explained by the mesosystems, which represent interactions between the women's family, religious, peer experiences. Thus, women who have experienced sexual abuse by a family member may have difficulty forming trusting relationships with peers or significant others as a result of their earlier experiences. The women's experiences of isolation are also culminated within the mesosystem (Yakushko & Chronister, 2005).

In this research, Bronfenbrenner's macrosystem is particularly interesting as it describes the culture within which the women live. Not only does the women's culture of origin matter in her development, but Canadian culture now also has an influence over her life, the socioeconomic status she holds in society, whether or not she is living in poverty. As in previous research, women are propelled to renegotiate and adapt to cultural changes in gender roles and their roles and expectations of being a mother (Yakushko & Chronister, 2005). All socio-cultural influences impact each of the other systems within Bronfenbrenner's ecological model. This might explain why it is so hard to unravel the true extent of culture on women's experience of pregnancy as culture impacts everything.

Another interesting system within this theory is the chronosystem, which represents transitions over the lifespan. As these women have shown us, there are multiple transitions they have experienced, the transition after trauma to becoming the women they are today; post-traumatic growth; the transition from one country to another. Lastly, these women are currently undergoing the transition of becoming a mother, each

woman allowing her baby to influence her and change her, which is congruent with other research findings (Yakushko & Chronister, 2005)

Although ecological theory provides a pathway to understand the various influences on these women's experience throughout their lives, it seems incomplete. The theory broadens our understanding of the interconnectedness of each experience in life and how culture overarches each system. Ecological theory allows one to look at the bi-directionality of influences in an individual's life. It stresses the importance to view the women's experience holistically, encapsulating every aspect in their life that has led them to their experience throughout pregnancy. To think that we are able to understand this phenomenon of pregnancy in the face of immigration and childhood sexual abuse without looking at culture would be inconceivable. Culture shapes individual identity and values that are constantly changing and evolving as we grow and navigate through various stages and phases in life.

However, ecological theory does not explain the common experiences these women had throughout this transition. Each woman's story and experience is unique and each woman's culture differs from the other, yet this research uncovered some common experiences among the women, for which ecological theory does not adequately account. Although each experience is different and unique there are still universal experiences that set these immigrant pregnant women with a history of childhood sexual abuse apart from other women's experiences. And there are experiences that are common for all pregnant women.

Implications for counselling

Based on these women's stories of their lived experience, counsellors are well advised to inform themselves about the cultural impact that trauma, migration, and pregnancy have on women's lives. In helping women through the transition to motherhood, counsellors should be more aware of the impact of their own cultural assumptions about the transition to motherhood, the roles of mothers and fathers, the construction of family, and the type of counselling they provide to all women, regardless of their trauma history or migration status.

In working with pregnant women who have survived childhood sexual abuse and who are immigrants to Canada more attention should be paid to the multiple levels of vulnerability these women are subjected to. Finding ways to help women feel empowered despite their isolation from family support networks are crucial in supporting women in their transition. Similarly, the awareness and knowledge obtained from this research regarding women's vulnerability in the areas of multiple systems, such as the health care and justice system can help counsellors provide specific support to women impacted by various forms of oppression from ongoing abuse, social systems, and isolation.

Helping women understand how their culture and their past influence their views on how women should be a mother, what pregnancy should be like, and what a family should be like can greatly support women to navigate through this new phase in their life, in which they are faced with redefining socio-cultural roles. Each of these roles has a significant impact on women's ideas about themselves and their place in the society they live in. Counsellors can greatly help women re-author and make explicit these culturally defined roles to become congruent with the ways women want to live their lives and raise their families.

Lastly, this research has the implication for professionals to be more adept to the subtle influences culture can have on women's experience of becoming a mother. Many of the challenges the women in this research faced were implicitly connected to various cultural experiences, both in their country of origin and in Canada, which could easily be overlooked if professionals are not culturally sensitive. Connecting pregnant women to support groups for immigrant women might be more appropriate than general prenatal support groups which are directed at Canadian-born women.

Strengths and limitations

One of the limitations of using secondary data is that you have to work with the data that others have collected. As a result, this researcher was not able to explicitly ask women about their cultural experience during the time of transition. Important information might be missed as a result of not asking direct questions, as with any research the questions you didn't ask could be just as important as the questions you did ask. On the other hand, this limitation might also be considered a strength, as this research allowed women to tell the researcher what was important to them. For some women cultural impacts were spoken of, while for others this area might be less salient in their lives. This form of research allowed women to tell us what was most important to them, thus reducing the amount of culturally appropriate or acceptable answers that might have unfolded if culture was explicitly asked about.

One of the strengths of this research comes from the context in which it was carried out: during the preparation of this thesis, the researcher was unable to locate any study done in Canada, with women who had immigrated to Canada and were survivors of CSA and making the transition to motherhood. With its own set of policies related to

immigration and health care, and its unique cultural norms that frame experiences of gender, violence and mothering, it is important to understand the experience of women who come to Canada and make this important transition.

Another limitation of qualitative research is it inability to make generalizations to the larger population. This research sought to understand the experience of the 8 women interviewed, although some general themes might be representative of an experience of a more general and larger population, this research should not be used as such. The strength of this research is its ability to delve much deeper into the lived experience these women had. It has allowed the women to unfold what was important for them, it has given this research the power to give voice to their stories and to illustrate with some cohesion what they felt was important for us to know. Each woman's story is unique and has added such value to this research. For this reason, this study is limited by what each woman decided to share. In deciding to share one thing, she may have decided not to share something else. Another piece of information we will never know about.

Similarly, this research only looked at the interviews of the 8 women during their second trimester. It would have benefited the research to look at the transition to motherhood from pregnancy, labour and delivery, and the post partum period, as this is what the transition to motherhood encompasses. Future research might focus on this larger time frame. However, cultural impacts have no time limit, therefore, the richness of the findings are not negated by the decision to focus solely on the interviews from the second trimester.

Summary

Interviews analyzed from this study yielded similar results to existing literature, however some important differences arose. While the sequelae of CSA have been widely investigated, this research highlights the challenges women face as survivors who have immigrated to Canada and are subsequently pregnant for the first time. We know that the transition to motherhood is a highly emotional transformation, yet this research has provided us with an insight into the lived experience of this transformation when it is compounded with a history of trauma and cultural differences. These women have taught us that their experience brought on a wide range of emotions that can only be fully appreciated when holistically evaluating all the experience that have impacted their experience throughout pregnancy.

Previous research has demonstrated the challenge immigrant women have expressed when accessing services such as prenatal health care, however this research adds to our appreciation for more culturally sensitive services throughout the transition to motherhood for immigrant women who are survivors of CSA. We know that survivors of CSA tend to experience many negative emotional and physical changes throughout pregnancy which are compounded by subsequent traumatic experiences with routine health care procedures. Knowing the added challenges related to discrimination and different expectations of the health care system that immigrant women experience, this research points to the challenge of adequately accommodating and supporting women throughout their pregnancy to minimize the impact of their cultural differences and trauma history in their experience of necessary pre- and postnatal health care. As professionals our aim should be to decrease immigrant pregnant women's vulnerability within our society and help them succeed in their transition to motherhood.

Lastly, previous research has indicated that pregnancy is a catalyst for many changes for women in particular in reconstructing themselves as women and new mothers. This transition in roles can be highly emotional for women as they learn new ways of being in the world and adjusting to different demands on their lives. CSA and immigration greatly impact the roles women have in society and how they perceive themselves to be functioning within the contexts they live. This research demonstrates the interwoven impact trauma and immigration have on women's experience of their task to renegotiate roles. Both influence the goals women strive for in their own parenting and family life, although it is not without its challenges to try to mend the experiences they had growing up.

The women in this study have shown us the tremendous strength and courage each of them have developed which have led them to this point in their life where they each strive to be the best mother to their new baby they can possibly be, despite any adverse history. It is important to remember that the impact of trauma and culture run deep, but that with the appropriate understanding and support women can be empowered throughout their journey to becoming a new mother. As professionals we need to learn to support these women and minimize unnecessary barriers or forms of oppression that hinder these women in their quest.

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Appendices

Appendix A: List of codes

Code	Descriptor
Impact	The impact of the traumatic experience
Self view	Multiple views women have of themselves Sub-codes: Mother Woman
Ideal Family	Idealized expectation of family, imagining her own family, ways in which family is constructed
Childbirth	Expectations women have of labour and delivery
Preparation	Any preparation the woman was engaging in to prepare for her new baby. Including changes she is making in her lifestyle, etc.
Compared to Mother	Comparing self to mother
Insight	Insight the woman has of her strengths and weaknesses. Verbalizing areas she wants to improve in or acknowledging she wants to keep doing something because it is working.
Coping	Ways that she copes
Ongoing abuse	Current or ongoing traumatic experiences
Support	Relationships and support network
Health care	Experiences she has with the health care system
Migration	Experience of immigration, challenges and feelings about migration
Spirituality	References to religion, spiritual beliefs, or values.
Meaning in trauma	Making meaning from the trauma, ways she describes living with traumatic past
Hopes	For the future, for herself and her baby
Teaching child	What women want their child to know about her traumatic past, how

trauma	she wants them to be different.
Helping others	Ways in which she wants to help others through her story.
Future-past	Ways in which she describes the impact of the past on the future
Fears	For herself or her child, for the future.
Pregnancy experience	Any descriptions of what it is like for her to be pregnant, physical or emotional symptoms and changes she is experiencing.
Trauma and family	Ways in which she describes the impact of traumatic experiences on her family, how they dealt with it.
Abuser	Current experiences that remind her of her abuser when she was a child
Justice System	Experiences she has with the justice system
Cultural norms	Norms and values she describes that are related to her culture
Father	The role of the baby's father, what she expects from him and how he is involved in her life and her baby-to-be's life.
Help seeking	Help seeking behaviour; seeking support or resources
Baby changing	Ways in which she feels the baby is changing her – positive or negative
Keywords	Repeated words or phrases Trust Betrayal Silenced Discrimination/harassment Abandonment
Teaching self	Things women believe they have to teach themselves in life
Resilience	Areas of resilience
Baby	How she talks about the baby, thoughts/feelings about the baby, and the role of the baby in her life

Appendix B: Codes by Theme

Theme 1: Transitions

Subtheme 1: Baby as catalyst
Preparation, pregnancy experience, baby changing, baby, childbirth

Subtheme 2: Post-traumatic growth
Trauma, teaching child trauma, helping others, meaning in trauma

Subtheme 3: Future focus
Hopes, Fears, future-past

Theme 2: Vulnerability

Subtheme 1: Continuing impacts
Trauma and Family, Impact, Trust, Discrimination, Harassment, Silenced, Ongoing Abuse, Abuser, Support

Subtheme 2: Cultural influences
Migration, Health Care, Justice System, Cultural Norms, Isolation

Subtheme 3: Strength
Help seeking, Coping, Spirituality, Insight, Resilience

Theme 3: Role Concepts

Self view, Ideal family, Compared to Mother, Father, Teaching Self

Laura Anne Welch

Curriculum Vitae

Education

The University of Western Ontario — September 2011 - present
Master of Education (Counselling Psychology)

King's University College — September 2007 - June 2011
(At the University of Western Ontario)
Bachelor of Arts Honours (Psychology)

Awards

Dean's List, King's University College

Clinical Experience

Counselling Intern — September 2012 – present
Vanier Children's Services

Teaching Assistant — September 2012 – present
The University of Western Ontario
M.Ed Counselling psychology program

Research Assistant — February 2012 – March 2012
Child and Parent Resource Institute (CPRI)

International Student Peer Mentor — September 2008 – June 2011
King's University College

Crisis Phone Volunteer — November 2009 – August 2012
Sarnia and London Distress Line

Professional Organizations

CCPA member — 2013 – present