

Women who have experienced trauma often suffer lifelong negative sequelae including problems related to attachment, identity, affect regulation and interpersonal relationships. Although these effects are particularly salient during the reproductive years, little scholarly attention has been paid to how past trauma shapes and affects women during the transition to motherhood. Instead, most research has focused on maternal and fetal outcomes subsequent to trauma that is experienced *during* pregnancy and childbirth (Gazmararian, et al 2000; Murphy, et al 2001). In this grounded theory study, we examine how past interpersonal trauma affects women as they negotiate the changes in roles, emotions and physical states that occur during the *transition to motherhood*. Although there are multiple causes of interpersonal trauma, including childhood sexual abuse, exposure to war and other forms of political oppression, and forced separation from family and/or community, aspects of the responses to trauma are shared by survivors, regardless of the cause. In particular, these women are at increased risk for the development of posttraumatic stress disorders, peritraumatic responses such as shame and guilt, and repeated subsequent trauma exposure (Briere, 2004). As the results of past interpersonal trauma are not typically visible or apparent, its effects are often insidious and overlooked. Keeping in mind this shared experience, together with the likelihood that women will have experienced multiple forms of trauma, the goal of this research is to examine how women who have experienced differing forms of trauma negotiate the transition to motherhood. The study **objectives** are to explore among new mothers who have experienced past interpersonal trauma: a) their emotional and psycho-social experiences, including strengths and resilience during the transition to motherhood; b) commonalities and areas of divergence among women who have experienced distinct forms of trauma; c) intersections among individual and systemic experiences of trauma; and d) resources, services, social, and environmental factors that support, promote, or act as barriers to health for women through the transition to motherhood.

To accomplish these objectives, we will recruit a purposive sample of 45-60 women from each of the study subgroups who have experienced interpersonal trauma, namely Aboriginal women, refugee women, and survivors of childhood sexual abuse. Using a semi-structured interview guide, participants will be interviewed on two separate occasions: toward the end of the pregnancy and within three to six months postpartum. Participants will be offered the choice of either face-to-face or telephone interviews. All interviews will be transcribed and data analysis will begin with the first completed interview. Phase one of data analysis will involve analysis by subgroup, according to the constant comparative method developed by Strauss and Corbin (1990). Analysis will focus on open coding where each transcript will be read line-by-line and codes applied to phrases, sentences or paragraphs that illustrate concepts or themes. Phase two of the analysis will involve axial coding, where themes from each of the subgroups will be clustered into conceptual categories with the aim of identifying relationships among the categories. Data will be continuously examined by comparing the conceptual categories with each other. In the final stage, selective coding, a core concept or 'story line' will be identified and the conceptual categories will be organized to form a theoretical framework explaining the ways in which women who have experienced past trauma negotiate the transition to motherhood. The findings of this research will provide important understandings regarding the ways in which past trauma influences the capacity of women to make the transition to motherhood. This knowledge will be relevant to a range of health care professionals, including nurses, counselors, psychotherapists, and maternal/infant program specialists. As well, the findings will be used to inform policy and practice recommendations to support women who have experienced past trauma through the transition to motherhood.