



**University
of Victoria**

Graduate Studies

Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

HOPE WALKER

MA (University of British Columbia, 2009)
BSc (University of British Columbia, 2005)

**“Maternal Adverse Childhood Experiences and Mental Health
Symptoms in Pregnancy: Behavioural and Social Mediators”**

Department of Psychology

Monday, December 9, 2019
12:00 P.M.
Clearihue Building
Room B007

Supervisory Committee:

Dr. Marsha Runtz, Department of Psychology, University of Victoria (Supervisor)
Dr. Nichole Fairbrother, Department of Psychology, UVic (Member)
Dr. Cecilia Benoit, Department of Sociology, UVic (Outside Member)

External Examiner:

Dr. Sheila McDonald, Population, Public and Indigenous Health, Alberta Health Services

Chair of Oral Examination:

Dr. Irehobhude Iyioha, Faculty of Law, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies

Abstract

Pregnancy is a unique developmental period in a woman's life, characterized by numerous psychological, behavioural, and biological changes. How a biologically female woman experiences her pregnancy is impacted by her previous life experiences, including early experiences of adversity. In particular, maternal history of Adverse Childhood Experiences (ACEs) before age 18, has been shown to exert distal effects on mental health and behaviour in pregnancy. The current study explored the associations between ACEs and mental health symptoms in pregnancy via structural equation modelling within a sample of 330 Canadian women. This statistical approach permitted the use of a latent ACE variable comprised of abuse, neglect, and household dysfunction as indicator variables, as well as a latent mental health variable comprised of symptoms of depression, anxiety, and fear of childbirth. A direct effect emerged whereby maternal ACEs predicted mental health symptoms. This permitted subsequent testing of the following mediating pathways: sleep, health-risk behaviours, resilience, and social support. In the mediation analyses, further support emerged for the total indirect effect of maternal ACEs on mental health symptoms in pregnancy, once mediation pathways were added. In reviewing individual indirect pathways, sleep and social support mediated the association between ACEs and mental health symptoms in pregnancy. However, health risk behaviours and resilience did not. In addition, social support mediated the relationship between resilience and mental health symptoms in pregnancy. This study contributes to the existing research on maternal ACEs and their relationship with mental health symptoms during pregnancy. The concurrent testing of several pathways in the structural model served to characterize possible mechanisms through which early adversity relates to current mental health symptoms in pregnancy. Implications of these findings include identification of possible targets for intervention in pregnancy, in order to lessen the burden of ACEs on maternal mental health.