

Women's Perceptions on how Pregnancy Influences the Context of Intimate Partner Violence

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Keyword: Intimate partner violence, pregnancy, risk factors and Germany

Abstract

Intimate partner violence during pregnancy is receiving increased attention because of its high prevalence and health effects. Still, little is known about women's perceptions on how their pregnancy influences the context in which intimate partner violence occurs. We conducted 19 in-depth interviews with women who experienced intimate partner violence around the time of pregnancy. Women clearly perceived pregnancy as a turning point, because it created new expectations and a feeling of being overwhelmed. This led to violence by reducing women's acceptance of their partner's unemployment, alcohol abuse and lack of relationship commitment or by increasing women's vulnerability because they felt too young to raise a child alone. Pregnancy also led to violence by bringing up repressed childhood memories or by taking attention away from their partners. Understanding how pregnancy influences the context in which intimate partner violence occurs is important to provide abused, pregnant women with the services they need.

Keywords: Intimate partner violence, pregnancy, risk factors and Germany

Introduction

Pregnancy is a major event in the lives of both women and men and strongly affects their relationships. While pregnancy is generally seen as a positive event, psychological, physical or sexual intimate partner violence is not uncommon during pregnancy. A set of nationally representative studies using a common study design found prevalence rates for physical intimate partner violence during pregnancy between one and 28 percent, with the majority ranging between four and twelve percent (García-Moreno et al. 2005). Intimate partner violence during pregnancy has shown to be associated with increased levels of severity and lethality of intimate partner violence (McFarlane et al. 2002) and a wide range of negative physical and mental health outcomes, such as low birth weight, preterm delivery and postpartum depression (Campbell, Garcia-Moreno, and Sharps 2004).

Studies seeking to understand the factors leading to intimate partner violence during pregnancy are often based on theoretical approaches that are widely used in intimate partner violence research, such as intergenerational theories, which focus on the effect of adverse childhood experiences of intimate partner violence (Ehrensaft et al. 2003), the resource and relative resource theories (Goode 1971; Atkinson, Greenstein, and Lang 2005), which examine the impact of low socioeconomic status and status inequality between couples on intimate partner violence, and theories examining the relationship between alcohol and intimate partner violence (Klostermann and Fals-Stewart 2006). With the exception of unwanted and unplanned pregnancy, the explanations arising from these studies on the occurrence of intimate partner violence during pregnancy are described to be the same as for intimate partner violence in any other circumstance, such as low socio-economic status, cohabitation, or social isolation (Taillieu and Brownridge 2010). Few studies have investigated whether and how pregnancy adds to the mechanisms suggested by these theories and how pregnancy might modify them (Bacchus, Mezey, and Bewley 2006; Campbell,

Oliver, and Bullock 1993; Lutz 2005; Engnes, Lidén, and Lundgren 2012). The aim of this study is therefore to investigate how abused women perceive their pregnancy to influence the context in which intimate partner violence occurs and the mechanisms leading to intimate partner violence.

Methods

This study is based on 19 in-depth semi-structured qualitative interviews with women who experienced violence during pregnancy, including two for whom violence ceased during pregnancy. We employed a purposive sampling strategy, recruiting women who participated in a survey in a German maternity ward (Stöckl et al. 2010), via social service organizations and internet forums. The latter were mainly used to recruit women who experienced sexual or severe physical violence by their partner during pregnancy or women who reported that the violence ceased during pregnancy, because few women recruited from the other sources had these experiences.

Women who we recruited via the maternity ward survey were contacted by phone or email if they had agreed to be part of a qualitative follow-up. In the social service organizations which consisted of mother-child homes and violence support services social workers put up posters about the study with the researcher's mobile number or directly asked women who had experienced intimate partner violence during pregnancy if they want to participate. In internet forums, we identified women via the stories they posted. Eligible women were contacted through mechanisms provided by the forum and telephone interviews were arranged, after the researcher received the signed informed consent sheet each participant mailed after receiving information about the study. Approximately one third of the women responded to the interview requests we made via internet forums. We ensured all women verbally and in the informed consent sheet that their interviews would be treated confidentially. Data collection

was stopped once themes started to repeat themselves and we judged to have a wide array of experiences represented. Interviews lasted between one to 3.5 hours and were arranged at the women's home if they could assure the absence of third persons, apart from their infant. The researcher conducting the interviews nevertheless left details on her whereabouts, an expected return time and mobile phone number to someone trustworthy before an interview. In cases of distress, the interviewer paused until women composed themselves again and indicated that they want to continue. The interviewer stressed that there was no pressure to do so. The present of infants in half of the interviews had a very calming effect in distressful situations, because the women would tend the infants to settle down again. Furthermore, the infants were a natural and easy topic for distraction to avoid that the interviews would become too tense. Most women agreed to their interviews being recorded. Telephone interviews emerged to be more intense and focused than face-to-face interview. The interviewer had the impression that the anonymity of the phone conversation allowed women to talk more freely and comfortably about their experiences because it gave them more distance and control over the interview. All interviews covered the main aspects of a pre-developed question guideline that was adjusted after each interview. To start, the interviewer told the women that this research was interested in intimate partner violence during pregnancy and how they perceived and experienced it. The women were asked to start telling their story from the point when they first met their abusive partner. This was followed by questions on the circumstances under which violence occurred for the first time and what this meant for their relationship. The main focus of the interview was women's and their partner's reaction to the pregnancy, the context in which violence occurred during pregnancy and in how far this was, if at all, different to the violence experienced before the pregnancy. The women were also encouraged to tell how their relationship and the violence continued after pregnancy and how they dealt with it. All interviews ended on positive notes, either asking women to provide recommendations to

women in similar situations or by focusing on their strengths. We gave women 20 Euros compensation for their time and effort, information on local domestic violence shelters and phone hotlines and a transcript of the interview, if interested.

We conducted a thematic analysis of the interviews according to Miles and Huberman's (1994) framework. After transcribing the interviews, leaving no identifying information, the first author read and re-read the interviews and, following discussions with the second author, coded them into meaningful categories, using the qualitative software MAXQDA 2007. In the first step the coding was informed by the main themes of the existing theories on intimate partner violence, resulting in visible themes, such as alcohol abuse, financial constraints or pregnancy planning. In a second step we explored the concepts underlying these codes to identify relationships and explanations between them. The second step was inspired by the grounded theory approach (Ritchie and Lewis 2003; Strauss and Corbin 1998). It resulted in two concepts – new expectations and feeling overwhelmed, with both providing a shared explanation for the codes developed in the first step.

Throughout the analysis we aimed to stay close to the text to ensure that emerging codes remained true to the meanings and experiences of the individual women. Emerging categories and dimensions were modified throughout discussions between authors and by re-reading all interviews. Direct quotes were translated from German into English. Ethical approval was granted by the Social Science Division of the University of Oxford. Details of the interviewed women's characteristics are given in Table 1.

Results

The analysis of women's reports on how they believe their pregnancy influenced the context in which they experienced violence by their intimate partner revealed two underlying, and

partly overlapping concepts: 'new expectations' and 'feeling overwhelmed'. These two underlying concepts are crucial for explaining why behaviours or circumstances that previously have not led to violence triggered intimate partner violence during pregnancy.

New expectations

The first underlying concept is that pregnancy creates new expectations women had on themselves, their partner and their relationship. This manifested itself in women's doubts and insecurities about their ability to raise a child, which they felt when they learnt about their pregnancy. As a result, they put themselves and their partners under immense pressure and thereby became less acceptant of their partner's unemployment, substance use, and life style. Although these issues might have also led to arguments and violence before pregnancy, the expected arrival of the child made it more urgent for women to address these issues in the near future. It was not only women who placed new expectations for their partner. Some women also reported that their partner had new expectations on them in their role as future mothers as well as new expectations on themselves to become better fathers than their own. Arguments and stress resulting from the inability or lack of interest to meet these new expectations turned out to be a potential trigger intimate partner violence. The most common areas where new expectations emerged are analysed in the following.

Difficult financial and living situation

Those women whose partner's were not employed or who lived under dire financial situations did not recall caring too much about it before they became pregnancy as they either earned sufficiently themselves or they did not perceive it as important. The pregnancies changed this as they wanted to ensure that they had a healthy pregnancy and were as prepared as possible for the arrival of their child. They became more critical about their partner's ability to care for

them and their unborn child, especially if they had to stop working during pregnancy and if they had to borrow money to pay for food, electricity and hot water. This was even more of an issue if the partner used available money to buy alcohol or drugs, or to gamble.

“He was unemployed at that time. And I told him: Go find work, we need money! I cannot work now, I am on maternity protection. . . . You cannot do that! You cannot tell me to keep the child and pretend that everything is fine when you do not work and when the money necessary to raise a child does not exist! This is not possible!” (Woman, under 20, social services)

Women’s worries for their unborn child and the need for extra expenditure not only resulted in them making more demands on their partner than they previously used to, it also changed their acceptance of their current situation. As a consequence they started to insist, either by begging or threatening separation that their partners change their life style and become more responsible, demands or pressures they never used previously. Coupled with their partner’s lack of understanding of their worries or their partners beliefs that their demands were unjustified or annoying, this led to arguments and in turn to violence.

“Then I was pregnant . . . I wanted us to start living reasonably, that everything is as it should be. I wanted to move into another flat to have everything optimal once the child arrives. And he did not want to know anything about that. The more I tried to push him, verbally, the more aggressive he became and often he became uncontrollably aggressive.” (Woman, early 30’s, internet forum)

This woman had several rows resulting in violence about the nursery, which was still not ready when her labour pains started. Another woman recalled that when she moved in with her husband, who still lived with his parents, his room was messy and badly furnished. Not only did they not have any provisions to raise a baby, she also discovered fleas in her husband’s bed and worms in the couch. Their arguments about this caused their relationship to deteriorate and he became violent in the last months of her pregnancy.

Arguments about finances also emerged when women’s partners already had children and were afraid that they would need to pay child support. A woman said that her partner even accused her that she only got pregnant because of the money:

‘He said I got pregnant deliberately to get hold of his money. I said: What money? Yes, well, the money I will inherit one day, or whatever.’ (Woman, early 30’s, survey).

Relationship commitment

Pregnancy also brought up new expectations in regard to relationship commitment, either through the question of marriage or by moving in together. Although this might have been an issue before, pregnancy often triggered discussions around it. Marriage was a reason for arguments and ultimately violence if only one of the partners wanted to marry. Although some men felt trapped into the marriage by the pregnancy, women also refused marriage offers during pregnancy because they felt that their partner only proposed to get a residency permit.

He asked when I would take up my maiden name again, as he does not want to take on the name of my ex-husband. ... His mother told me that that he would like to be called 'X' one day.This was the moment when I realized that it would be wrong to marry him too soon (Woman, early 30's, internet forum).

Lack of relationship commitment from the women's side, despite their pregnancy, often sparked violence, especially in the case of separation. Two out of the three women who experienced violence while they separated from their partner during pregnancy reported that their partners targeted their abdomen.

'He said: I fathered the child and I can take it away again' (Woman, early 20's, survey).

Another woman who met her abuser again after their separation recalled him saying that he was scared of losing her and thought his violence would bind her to him.

Household chores

Women also reported that their partners were not able to adjust to their new expectations that they might have to help in the household or that the pregnancy prevented them from fulfilling the household chores to the standard they were used to.

How he could already freak out in the morning – about nothing! Because of anything, because there is no spare coat hanger or there is a crumb in the drawer. Really banal issues! And then he started shouting and get into a violent temper. (Woman, late 30's, internet forum)

These arguments, for example over dirty forks, lack of meat or general cleanliness often started during pregnancy, because women became physically unable to fulfil them as usual or had to ask their partners for assistance. In the later case, women reported that their partners were either annoyed about the extra effort they asked them to make or they became angry because they felt the woman was challenging their role as providers of the family by asking them to take over 'female' jobs.

'He told me that he only wants a wife to cook and clean for him, a wife who does not complain when he is drunk, regardless of how she feels about it.' (Woman, late 20's, social services).

Jealousy against other men

Jealousy was an important theme across all interviews and related to intimate partner violence before, during and after pregnancy. Women, who reported jealousy as a reason for violence before pregnancy expected a decrease in jealousy once they became pregnant. However, for most it became worse.

"When we were just walking through town and someone looked at me – probably because there was such a huge belly on such a young girl, which was still not normal in our area at that time- then he always accused me: What? You let them look at you!" (Woman, late 20's, internet forum)

The jealousy also became apparent in comments men made about women's clothes and make up, because they seemed to associate her looking pretty with potential infidelity.

"I had a bit of a neck line, not even much (he said) I am attracting other men. It was unbelievable. I wore a dress for a Christmas party . . . And he said: No, you definitely are not going to leave the house like this! I had a huge belly at this time. It was in the end of my pregnancy, in my last month." (Woman, under 20, mother-child-home)

Paternity doubts were another way in which women reported that their partners voiced their jealousy against other men and which they used as a reason for becoming violent. For many women the fact that their partner doubted their paternity was a form of abuse in itself, as they believed their partner deliberately accused them of sleeping with other men or called child a 'bastard' in order to hurt them.

Alcohol and drugs

Partner's excessive consumption of alcohol or drugs which stimulated high levels of aggressiveness and egoism and distorted their views of reality, was voiced by many women as crucial in understanding the violence they experienced, irrespective of their pregnancy. Still, women outlined additional mechanisms that link their partner's alcohol and drug use to the violence they experienced during pregnancy. These are also part of their new expectations on their partner's behaviour. First, pregnant women either expected their partners to stop or reduce their drinking or drug habits after they became pregnant, because they wanted them to live more reasonable. This led to violence if their partners were addicts or felt the women unduly interfered with their lifestyle. Second, the pregnancy restricted women from joining their partners in these activities as they previously did. As they felt lonely, feared that the labour would start or that their partners would come home drunk and cause trouble, they expected their partner to stay at home with them and in some cases tried to prevent their partners from going out.

'I always begged him to stay at home . . . Because I never knew when he would come home, in which condition he would come home, if he puked on himself or whatever.' (Woman, under 20, mother-child-home).

The importance of alcohol and drug consumption for understanding the occurrence of intimate partner violence was shown by two women whose partner stopped being violent with the onset of pregnancy. Both partners drank less or stopped taking drugs.

"And this was the moment (her pregnancy) when he did what he never did before, he abstained from drinking. . . he did not fully stop drinking but he reduced it from - I would say around 10 bottles of beer per day, which was what he normally drank - to maybe two bottles per day." (Woman, late 30's, internet forum).

Sexual needs and sex life

Women's pregnancy also changed the sexual needs of women and their partners and thereby created new expectations. However, disentangling whether couples' sex lives changed due to

pregnancy or constituted sexual violence in itself proved difficult, as women were reluctant to talk about sexual violence and the interviewer did not want to probe more to avoid potential re-traumatisation. Although some women recalled that their sexual intercourses became more aggressive and violent because of the physical violence, others stated that their own or their partner's low interest in sex or physical closeness due to the pregnancy created tensions.

Reasons women gave for pausing their sex life included feeling unwell, not feeling like it anymore or fearing that their unborn child might get hurt. One woman also said that the decline in sex life was not due to the pregnancy but to her partner's aggressiveness and the lack of privacy in their relationship. He even followed her into the bathroom.

The situation was reverse for another woman whose partner lost interest in having sex with her during pregnancy. After finding a photo of a naked woman in his mobile phone with an insinuating message they had a serious argument which turned violent. To live up to her partner's expectations, one woman actively tried to satisfy her partner sexually during pregnancy.

'I had this fear that if I do not perform my duties he will take revenge on me. Then I'd rather do that before he screamed at me, pushed or hit me.' (Woman, late 30's, internet forum)

Role expectations

New expectations during pregnancy on the relationship and the ideal of a 'perfect mother' also emerged from the partner's side. One woman recalled that her partner had a very clear image about how the future mother of his children should be, although he never articulated this. It only became apparent at the onset of pregnancy when he increasingly tried to push her into his unwritten script. The abuse in this relationship started after a prenatal care visit during which the doctor raised concerns based on an ultrasound examination. The fear that something might be wrong with the child, which is beyond his control, created an immense tension in the relationship. The woman described that he pushed her even more into adhering

to his idea of a perfect mother. At the same time he did not show any interest in her as a person anymore and solely focused on the unborn baby.

Feeling overwhelmed

The second underlying concept is women's and men's feeling of being overwhelmed by the emotional and financial responsibility of having a child, the changes it implied for their lives and relationship and their fears and uncertainties about their ability to deal with it. Feeling emotionally overwhelmed was especially strong if the woman and her partner had adverse childhood experiences or were very young at the time of pregnancy.

According to the interviewed women, men also started to realize during pregnancy that the baby was not only going to seriously change their relationships, but would also reduce their ability to spend their free time and money as they used to or decrease the attention they usually received from the woman. Especially men who did not want to become fathers or who had second thoughts about the pregnancy felt very overwhelmed by the changes the pregnancy had on their lives and relationships.

Young age

Half of the interviewed women were younger than 20 when they became pregnant for the first time and their vulnerability due to their age became obvious in their descriptions of how alone, insecure and scared they felt when facing the responsibility of raising a child.

We were 18 when I became pregnant. He was my first boyfriend.... The awareness of the responsibility that we will have to carry, that I will have to carry as well as the father! (Woman, early 30's, survey)

Women reported observing similar feelings in their partners if they were also young when they first heard that they would become fathers. In addition to their young age, their relationships were also unstable and often lacked the necessary commitment to deal with the

overwhelming stress and changes their pregnancy implied for their relationships. Many had only known their partner for less than a year before they became pregnant.

“(The violence happened) after going out with him for four months, I was in the third month of my pregnancy. .. Looking back I would say it was stupid. I did not think! I did not get to know the guy to see what kind of person he is. But I simply felt comfortable, I somehow felt secure.” (Woman, early 20’s, survey)

Adverse childhood experiences

A sense of inability to deal with the pregnancy and feeling overwhelmed also emerged in connection to women’s and their partner’s childhood experiences. With two exceptions, all interviewed women referred to their partners negative childhood experiences, which they presented as far more severe than their own. Women said that their own or their partner’s adverse childhood experiences led to low self-confidence, attachment problems, alcohol abuse and violent behaviour. These experiences ranged from neglect, dire financial circumstances and being raised to be subservient to being conceived during rape and having alcoholic or violent parents.

In three interviews adverse childhood experiences were clearly linked to the violence women experienced during pregnancy. One woman who was severely abused during pregnancy said that her partner told her for the first time during her pregnancy that he was conceived during rape and grew up with an abusive stepmother. During her pregnancy he started to have nightmares about his childhood.

‘While he hit me he sometimes said: I am not like my father! I will never be like him! (Woman, early 20’s, social services)’

Negative childhood experiences also played an important role for the cessation of violence during pregnancy, as two men consciously stopped drinking and taking drugs during pregnancy as they wanted to be better fathers than their own. On the opposite, one woman who witnessed and experienced violence during childhood made it clear that she never wanted to be like her parents. She left her partner after he first abused her.

Jealousy against the unborn child

Jealousy was not only directed against other men but also against the unborn child. Some partners felt overwhelmed by the pregnancy as they despised the shift in attention for them to their unborn child, perceiving the unborn child as competition. One abusive partner even told one interviewee that he wanted to remain the centre of her attention and that he would not be able to deal with being pushed back. After her daughter was born, he once choked her when she told him that her daughter was 'her life'. Another woman said:

“(Before the pregnancy) I diverted my attention. Believing I have 100 percent, I gave 50 to him and 50 to my studies. . . . The pregnancy took away at least 60 percent and he had to share the 40 percent with my studies. There was less left for him.” (Woman, early 30's, internet forum)

Moving in together

If they were not already living together, most couples decided to move in with each other after the woman became pregnant. The physical closeness and resulting lack of personal time and space created problems and incompatibilities the couple were not aware of before, which both often experienced as overwhelming. Even though pregnancy often triggered couples to move in with each other, it was the changes brought to the relationship by moving in with each other that prompted the violence.

“Yes, we moved in with each other shortly after we met. It was amazing in the beginning. . . . It was a highlight: I was living with my boyfriend although I was so young. . . . I think it was a mistake. It was a little bit too fast.” (Woman, early 20's, social services)

Extra marital affair

Three women who experienced intimate partner violence during pregnancy were in relationships with men who were already married and had children. While this was not a trigger for intimate partner violence before their pregnancy, women said that the pregnancy changed the whole situation. Their pregnancy raised concerns in their partners who were afraid that their wives might find out about their affair and as a consequence divorce, deny

them access to their children or demand child support payments. The violent incidents often started after the women refused to abort, declined to keep the pregnancy secret, or after the man was left by his wife. Women also became more sensitive during pregnancy about the amount of time or money their partners spent with their families.

He invited her (his wife) for dinner on Friday night, spending 500 Euros and we go to the second hand market the next day to buy two car seats for the children for 20 Euros. And he demanded 10 Euros from me to share the costs. (Woman, mid 30's, survey).

Power and dominance

Pregnancy emerged as a strong stimulus for feelings of power and dominance in the interviews, which overwhelmed some partners and led to them becoming violent. This became obvious by women citing their partner's claims that by being pregnant the women are now theirs and that they own them. Women gave three reasons for their partner's increased feelings of power and dominance during pregnancy: their own decreased resistance to the violence, their physical vulnerability and their higher economic dependency.

"He more readily hit me at that time, because he realized: She is not doing anything about it, she does not resist. .. I think if I had not been pregnant I would have had the energy to leave him. I would have done something about it and he probably would have stopped it. I would have resisted." (Woman, late 20's, internet forum)

Increased physical vulnerability during pregnancy relates to women's changing bodies, their reduced ability to move and their need for assistance. One woman felt that the physical changes she underwent during pregnancy made her look weak and vulnerable and that this sparked her partner's aggressiveness and violence. Higher economic dependency started for some women during pregnancy when they stopped working or studying and their partners became the sole breadwinners. This was especially strong if the women felt that they were too young and unable to raise a child on their own or when the partner knew that it was very important for the woman to have a father for her child.

"Before the pregnancy we often argued severely. But I don't think he ever hit me. That only started with the pregnancy. And I think that was really what changed it. I was pregnant and now I was really

his. . . . He knew that I would stay with him. I had no money at that time, no income and I was highly pregnant so I could not work.“ (Woman, under 20, mother-child-home)

Unplanned and unwanted pregnancy

A crucial issue for understanding the feeling of being overwhelmed and how well women and their partners were able to deal with their new expectations on themselves and their relationships was whether women's partners wanted or planned the pregnancy. Not all interviewed women wanted or planned their pregnancy initially. However, once they decided to keep the child, they did not regret their decision. For women's partners, wanting and planning a pregnancy was different and partners would change their mind during the pregnancy. Partners with whom the pregnancy was jointly planned and who remained positive throughout were those who managed to reduce or stop being violent during pregnancy. Violence started or increased during pregnancy if partners initially planned and wanted the woman to become pregnant but changed their minds during the pregnancy.

“He always said: I am the oldest in the family and I should start (a family). And it would be nice. And things like that. I said: Okay, then let's see what happens. Well, it was more a wish from his side, not from mine. So from his side it was more or less planned, but not from mine. He was happy about it. But he could not deal with the responsibility.” (Woman, early 20's, mother-child-home)

Several women reported that their partners initially convinced them to become pregnant. One woman felt strong pressure by her partner to become pregnant again after she miscarried, which she now interprets as that he wanted 'her to be his' and be confined to the home, as he later showed no interest at all in her pregnancy or the child. Similarly, other women said that their partners were initially happy, discussed names for the child and cared for them. Their attitude changed after a few months when they realized the responsibility and changes the pregnancy meant for them.

“In the beginning he said he wants to have the child. And that it is great, fantastic! And he is sorry how he treated me. Okay, and then we said we will try it again. It really only worked for six weeks and then he freaked out again.” (Woman, late 30's, survey)

Women with unplanned pregnancies either reported their partners reacting positively at first but changing their minds after a few months or partners being against it throughout. Women whose pregnancy was unplanned were often as shocked as their partners when they learned that they were expecting. For them their partners' initial response to keep the child and promises to change were crucial for deciding to continue the pregnancy. Even though women reported that their partners changed their minds during the pregnancy, their partners still pretended to be happy about the pregnancy to other people.

“At home the topic baby was something different for him than outside. Outside he said: I am going to be a father! And he would softly pat my abdomen and things like that. And when I told him during my pregnancy: Come, we are at home, we are comfortably watching TV, and you are becoming a father. You can build up a connection. He was never interested in that. At home it was different to outside.”
(Woman, early 20's, social service)

Interviewed women with partners who opposed their pregnancies throughout often contemplated abortion, especially when their partner's directly or indirectly requested it. Their refusal to abort was one of the main sources for arguments. Most men with other families left the woman after they found out that she was pregnant, with violence happening during separation. All women who stayed with a partner who never wanted the pregnancy experienced severe levels of violence later during pregnancy.

Discussion

Overall, this study found that women perceived pregnancy to be a crucial factor to understand the context in which intimate partner violence occurs during pregnancy, showing that intimate partner violence during pregnancy cannot solely be understood by the factors that trigger intimate partner violence in general. Two main explanations emerged how pregnancy intensifies relationship stressors and conflict that lead to intimate partner violence. First, it became clear that pregnancy creates new expectations by both, the woman and the man on the relationship that are often not clearly expressed or accepted. Second, both men and women

feel overwhelmed by the pregnancy, which can cause anxieties about their future or by reactivating past traumatic experiences.

Similar to Gelles's (1975) early findings, our study also found that pregnancy increases women's risk of intimate partner violence through partner's sexual frustration, stress of imminent parenthood, women's increased physical vulnerability and a conscious or subconscious desire to terminate the pregnancy. However, our study, with the exemption of stress of imminent parenthood, did not find them as important as issues highlighted in later studies, such as jealousy and resentment toward the unborn child and unwanted and unplanned pregnancy (Campbell, Oliver, and Bullock 1993; Jasinski 2001). Our study further corresponds with the findings of Bacchus et al (2006), which established that men use violence during pregnancy to regain control they feel they lost, because pregnancy gives women more attention from outsiders and symbolizes their autonomous control over their bodies. Similar to Enges et al's study (2012), our study also emphasizes the change pregnancy leads to, with women shifting their attention from their partner's needs to those of their unborn babies or women considering relationship termination in order to ensure a life free of violence for their unborn child.

Another finding of this study that might have important implications on future studies of intimate partner violence during pregnancy are the different mechanisms that link it to unwanted and unplanned pregnancies. Most studies until now treated did not acknowledge the difference between pregnancy planning and wanting or the fact that men might change their attitudes during the pregnancy. Future quantitative studies should test the importance of these differentiations. Contrary to the findings of studies on reproductive control (Romito et al. 2009), unwanted and unplanned pregnancy was not a result of intimate partner violence in this study, but a trigger for it.

This study also suggests important implications for existing theoretical explanations for intimate partner violence. For example, unemployment, insufficient financial resources and violence during pregnancy are not only linked by the lack of prestige, money and resulting feelings of powerlessness per se, as the resource theory would claim (Goode 1971). They are also linked by the inability to deal with new expectations posed by pregnancy and a lack of knowledge and communication to deal with it. Similarly, theories linking alcohol abuse and intimate partner violence (Klostermann and Fals-Stewart 2006) so far have not considered that violence can also result from one partner trying to stop the other from drinking or arguments because the pregnant partner cannot join these activities anymore.

Findings of this study also expanded claims of the evolutionary theories, which explain intimate partner violence through sexual infidelity, value discrepancies between the partners, and relationship termination (Buss and Duntley 2011; Tankink 2013). This study showed that these claims hold even in the time of pregnancy, when issues of sexual fidelity should be reduced and the couple should form a stronger unity to provide the best possible support for their common child.

Furthermore, this study supported theories of intergenerational transmission of violence that claim that adverse childhood experiences make women and men resilient toward relationship violence (Lackey and Williams 1995), because they want to be better parents than their own. It also provided more insight into the mechanisms how adverse childhood experiences can trigger intimate partner violence (Fergusson, Boden, and Horwood 2006; Lehrer, Lehrer, and Koss 2013), by highlighting how overwhelming a pregnancy can be for women and men who lack positive role models and are reminded about their own childhood by the pregnancy.

Lastly, it also became clear that many of the new expectations during pregnancy were related to traditional gender roles. Women, for example expected their partners to become responsible providers during pregnancy and stop drinking and gambling, while men expected

the woman to become 'a perfect mother', clean the house and to dress more modestly. This association between transgressing gender roles and intimate partner violence aligns with other studies on intimate partner violence (Hatcher et al. 2013).

Several limitations of this study need to be considered. Given the qualitative nature of this analysis, the sample size and the non-representative recruitment, findings cannot be generalized. Recruitment was hampered by difficulties in identifying women who experienced intimate partner violence during pregnancy, because several shelters and mother and child homes who have been contacted did not know whether their clients had such experiences or felt that women were not stable enough to meet a researcher. Moreover, the sample consists only of women who were willing to talk about their experiences of intimate partner violence and who could be identified in the recruitment process. This excludes women who never told anyone about their experiences. In this particular sample, several women underwent psychological treatment before participating, which potentially influenced their perception of the violence they experienced and their ability to express it. The interviews might have also been influenced by the interviewer and the rapport she established with each interviewee. Finally, the findings relating to women's partners, especially those relating to their childhood are all derived from women's accounts only. Our analysis therefore only provides a first insight into the special situation pregnancy creates and the influence pregnancy might have on the mechanisms underlying intimate partner violence. Future studies have to add and verify that.

Given that screening and interventions on intimate partner violence often take place in antenatal care settings (Tiwari et al. 2005; Shamu et al. 2013), knowledge on the influence of pregnancy on the context of intimate partner violence is important to further develop these interventions and the theoretical frameworks they are based on. The finding that pregnancy

influences the context in which intimate partner violence occurs by creating a feeling of being overwhelmed and being unable to deal with the new expectations opens new possibilities to identify those at risk for intimate partner violence and to prevent and address it. The later might also have important implications for the content of counselling interventions for intimate partner violence during pregnancy, as they might want to include sections to discuss and enhance partner communication around changing expectations, feelings of inadequacy that are normal in the transition to parenthood, and how to safely process emotions. More in-depth studies with women who have experienced violence during pregnancy and men who abused women during pregnancy are needed to develop these insights further and to provide abused, pregnant women with the services they need.

Table 1: Characteristics of interviewed women

Recruitment	
Survey	4
Social service organisation	8
Internet forums	7
Mode of interview	
Face to face	13
Phone	6
Type of violence	
Physical	13
Sexual	5
Psychological	17
Focused on the abdomen	5
Did the violence change during pregnancy	
Started during pregnancy	8
As before	4
Became more severe	5
Violence stopped during pregnancy	2
Current relationship to the perpetrator	
Still in a relationship	2
Separated from the partner at the time of the interview	17
Age during the pregnancy	
<20	11
20 or older	8
Nationality	
German	16
Non-German (Bolivian, Serbian and Algeria)	3

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