Early Maladaptive Schemas and Schema Domains in Intimate Partner Violence Victimization: A Systematic Review

Yakın Partner Şiddeti Mağduriyetinde Erken Dönem Uyumsuz Şemalar ve Şema Alanları: Sistematik Derleme

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ABSTRACT

In this systematic review, the aim is to investigate the most common early maladaptive schemas (EMSs) and schema domains in intimate partner violence (IPV) victimization. It provides a more up-to-date contribution to the literature on the relationship between EMSs and IPV victimization. This systematic review follows the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol. To find all relevant studies, a database search was conducted on PubMed, ProQuest, Scopus, and ScienceDirect. Our inclusion criteria consist of studies published in English or Turkish, studies in which IPV victims' schemas were explored, studies published in the last decade, and journal articles. The quality of selected studies was assessed with Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields. For this systematic review, 11 articles have been found relevant in line with our inclusion and exclusion criteria. Results of these studies showed that there is a mediator role of EMSs between negative childhood experiences and IPV victimization later in life. Mostly, disconnection/rejection domain and emotional deprivation, mistrust/abuse, abandonment, and vulnerability to harm and illness schemas were found to be associated with IPV victimization. Important limitations include that the samples of the studies mostly consist of women, that they consist of only quantitative studies, and that they consist of studies published in English and Turkish languages.

Keywords: Early maladaptive schemas, schema domains, dating violence, intimate partner violence

ÖZ

Güncel sistematik derlemenin amacı, yakın partner şiddeti mağduru olan bireylerdeki ortak erken dönem uyumsuz şemaları ve şema alanlarını araştırmaktır. Bu derleme, erken dönem uyumsuz şemalarla yakın partner şiddeti arasındaki ilişkinin güncel bir katkısını literatüre sunmaktadır. Bu sistematik derleme, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protokolünün rehberliğinde hazırlanmıştır. Konuyla ilgili araştırma makalelerini bulmak için, PubMed, ProQuest, Scopus ve ScienceDirect veritabanları araştırılmıştır. Dahil etme kriterleri; İngilizce ya da Türkçe yayınlanan, yakın partner şiddeti mağdurlarının şemalarını inceleyen, son on yılda yayımlanan dergi makalelerinden oluşmaktadır. Seçilen makalelerin kalite kontrolü Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields kullanılarak değerlendirilmiştir. Bu sistematik derleme için, dahil etme ve hariç tutma kriterleri doğrultusunda 11 makale bulunmuştur. Bu derleme sonucunda erken dönem uyumsuz şemaların, olumsuz çocukluk dönemi deneyimleri ve yakın partner şiddeti mağduru olma arasında aracı rolü olduğu bulunmuştur. Çoğunlukla, kopukluk/reddedilme şema alanı ve duygusal yoksunluk, güvensizlik/kötüye kullanılma, terk edilme ve zarar görmeye veya hastalığa karşı savunmasızlık şemaları, yakın partner şiddeti mağduru olma ile anlamlı ilişki içinde bulunmuştur. Çalışmanın önemli sınırlılıkları arasında örneklemlerin çoğunun kadın olması, sadece nicel araştırmalardan oluşması ve sadece Türkçe veya İngilizce dilinde yazılan araştırmalardan oluşmasıdır.

Anahtar sözcükler: Erken dönem uyumsuz şemalar, şema alanları, flört şiddeti, yakın partner şiddeti

Introduction

Dating violence is a global problem that causes psychological and relational difficulties in young adults; however, adequate interventions have not been implemented. According to the Istanbul Convention, violence against women is understood a result of consequence of gender inequality and constitutes a violation of human rights (Bakırcı 2015). Following previous research conducted in the United States, 46% of adolescents aged 11 to 16 reported exposure to intimate partner violence (IPV) (Borges and Dell'Aglio 2020). In Brazil, which has one of the highest rates of dating violence, 86.9% of youths reported experiencing sexual, verbal, and physical forms of IPV (Borges and Dell'Aglio 2020). Moreover, 28.6% of Turkish university students reported having been exposed to dating violence (Çelik and Çelik 2022). According to the results of the study, three out of every 10 adolescents aged 12 to 21 in heterosexual romantic relationships were exposed to IPV (Halpern et al. 2001). In a study conducted in Turkey, 49.2% of female adolescents aged 12 to 18 reported exposure to sexual dating violence (Unlu and Cakaloz 2016).

To date, many types of violence have been researched and described in the literature. The relationship between cognitive schemas and dating violence victimization has been extensively studied. However, given the abundance of existing research, restricting the review to a specific review to a specific timeframe may yield more up-to-date insights. This systematic review was written to examine the relationship between dating violence, including physical violence, psychological/emotional/cyber abuse, and EMSs.

Dating violence is described as the physical force or threat used by one partner to harm the other within a dating relationship (Sugarman and Hotaling 1989). Although Sugarman and Hotaling (1989) do not include the psychological component in the dating violence category, dating violence is defined more comprehensively ways in the literature. In a broader sense, dating violence can encompass verbal and physical threats and harassment within a romantic relationship (Lewis and Fremouw 2001). Building on this broader perspective, the physical aspect of dating violence can be classified as mild, moderate, and severe, depending on the extent of the physical harm caused to the partner. The psychological or emotional aspect may include humiliation and criticism (Offenhauer and Buchalter 2011).

Attachment theory is a theoretical framework that explains how the caregiver-child relationship influences the child's psychosocial development, shaping their future interpersonal relationships. From an attachment theory perspective various studies have suggested that attachment anxiety is correlated with both IPV victimization and perpetration (Henderson et al. 2005, Finkel and Slotter 2007, Allison et al. 2008). One plausible explanation for this phenomenon is that individuals with attachment anxiety frequently experience a profound fear of abandonment and reduced self-esteem. According to Bosmans et al. (2010), there is a strong association between attachment anxiety, feelings of belonging, and heightened sensitivity to rejection. Attachment theory is grounded in unmet childhood needs, which leave identifiable traces across the lifespan. In romantic relationships, attachment anxiety stemming from unmet childhood needs may impair individuals' ability to develop cognitive awareness and insight. These factors may compel individuals to exhibit aggressive behavior within their relationships or to remain in abusive relationships, thereby increasing the likelihood of perpetration or victimization.

In attachment theory, although the tendency to replicate caregiver-based relational patterns in later close relationships has been explained, the process has been further conceptualized through schemas, emphasizing cognitive processes (Bosmans et al. 2010). Memories, cognitions, and emotions play a critical role in developing EMSs (Bosmans et al. 2010). Observed behaviors from early childhood, such as caregivers' behaviors, might be internalized as mental representations. In line with this, social learning may play a key role in the development of schemas. It involves observing others' behaviors, particularly those of caregivers, and then imitating and modeling them (Bandura 1977). Exposure to caregiver aggression, whether directed at a child or occurring between caregivers, or being subjected to aggression, may cause a child to observe, imitate, and internalize these interactions, forming enduring mental representations that shape future relational dynamics. People who witness or are exposed to domestic violence during childhood may view violence as a conflict resolution strategy in their future romantic relationships. This indicates that violence is not merely an individual reaction or attitude, but can also be

learned through observational learning and passed down across generations (Ehrensaft et al. 2003). Thus, social learning may also have a critical role in developing schemas, IPV perpetration, and victimization. Dating violence can also be called intimate partner violence (IPV) (Jennings et al. 2017). Therefore, in this review, these two terms are treated as synonyms. Both "IPV" and "dating violence" were used in the articles included in this systematic review. The victimization of this type of violence among women, along with its relationship to EMSs, will be examined.

The word schema is generally defined in psychology as a pattern or mental structure that helps individuals understand and interpret the world (Rafaeli et al. 2013). There are EMSs in Schema Therapy. As stated in Jeffrey Young and his colleagues' book Schema Therapy: A Practitioner's Guide, published in 2003, EMSs are dysfunctional cognitive patterns that persist throughout our lives and are formed in the early periods of a person's life (childhood and adolescence). Their basis is experiences with primary caregivers, memories, emotions, thoughts, and feelings (Young et al. 2003). Schemas may arise from unmet physiological, psychological, and emotional needs provided by the primary caregivers during childhood, as well as from negative experiences, such as childhood trauma. When faced with similar situations later on (i.e., when schemas are triggered), individuals may respond with cope with negative emotions (Young et al. 2003).

There are 18 EMSs. These are abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, approval-seeking/recognition-seeking, negativity/pessimism, emotional inhibition, unrelenting standards/hypercriticalness and, punitiveness (Young et al. 2003). Since Young introduced the concept of EMSs, various studies have investigated schemas, many of which have also focused on IPV victimization. 18 EMSs were classified under broad categories called schema domains. These schema domains represent "unmet emotional needs" (Young et al. 2003).

Under the Disconnection and Rejection domain; there are abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, and social isolation/alienation schemas. All of these schemas share common characteristics, including difficulty forming emotional bonds, loneliness, low self-worth, and trust issues in relationships. This suggests that an individual's emotional needs may not be met and that they may lack empathy, trust, and respect (Martin and Young 2010). These individuals may have spent their childhoods under emotionally deprived, cold, and neglectful parents. Under the Impaired Autonomy and Performance domain; there are dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, and failure schemas. These schemas are characterized by features that prevent individuals from recognizing their independence and self-worth. They also hinder individuals from acting independently of others (Martin and Young 2010). Under the Impaired Limits domain; there are entitlement/grandiosity, and insufficient self-control/self-discipline schemas. Both schemas can disrupt individual's self-perception, leading them to misjudge their abilities and set unrealistic goals. Moreover, individuals may face difficulties in personal development (Martin and Young 2010). Under the Other-directedness domain; there are subjugation, self-sacrifice, and approval-seeking/recognition-seeking schemas. These three schemas are generally associated with neglecting one's own desires and desires while prioritizing those of others to please them or avoid punishment. They emerge from individuals suppressing their own desires and emotions. If parents' needs and desires override those of their children, this schema tends to emerge (Martin and Young 2010). Under the Overvigilance and Inhibition domain; there are negativity/pessimism, emotional inhibition, unrelenting standards/hypercriticalness, and punitiveness schemas (Young et al. 2003). Common features of the schemas under this domain include the suppression of their own feelings and thoughts at the expense of their well-being, a need to avoid mistakes, and an inability to resist high expectations (Martin and Young 2010).

In this study, EMSs and schema domains will be investigated. Understanding and working with schemas is important because it provides individuals with insight into their childhood experiences and enables them to make sense of their current lives. Individuals acquire knowledge of the environments they experienced, significant events, their parents, and childhood friendships. Future IPV victimization may also be influenced by individuals' EMSs. Accordingly, this paper reviews key studies on the subject. This systematic

review focuses on identifying which EMSs and schema domains are most frequently reported among individuals who have experienced IPV. Specifically, the review aims to synthesize empirical findings from studies that have investigated the presence and patterns of EMSs among IPV victims, without making inferences regarding causal mechanisms or cross-cultural differences. The purpose of this review is to provide an organized summary of the existing literature in this field by mapping out the commonly studied EMSs and highlighting recurring findings. While prior research on IPV has traditionally emphasized external and situational factors (e.g., economic dependence, lack of social support), this review seeks to collate evidence concerning internal cognitive and emotional patterns—specifically EMSs—observed in victims of IPV.

In doing so, this review contributes to the literature by identifying gaps in the current knowledge base, such as inconsistencies in how EMSs are assessed or reported across studies. The review does not aim to evaluate the functional role of EMSs in IPV victimization nor to explore cultural moderators of these dynamics. Instead, it restricts its scope to descriptive synthesis, laying the groundwork for future research that may more directly address these complex questions. In line with this goal, the main research question that will be answered in this review is that what are the most common EMSs and schema domains seen in IPV victimization?

Method

Protocol

This systematic review was conducted of the relevance between IPV victimization and EMSs according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol (Page et al. 2020)(see Figure 1).

Information Sources and Search Strategy

The literature search for this systematic review was conducted between December 1, 2023, and March 2025 using PubMed, ProQuest, Scopus, and ScienceDirect. All relevant keywords were applied to these databases to ensure a comprehensive search. The keyword query used was as follows: ("early maladaptive schemas" OR "schema domains" OR "schemas" OR "schema therapy") AND ("dating violence" OR "partner violence" OR "intimate partner violence" OR "dating violence victimization" OR "domestic violence"). These keywords were applied to identify all relevant studies for this review, and the reference lists of the included studies were also examined.

Inclusion Criteria

Two authors collaboratively established the inclusion and exclusion criteria. When selecting sources for this review, the following inclusion criteria were applied: studies published between 2015 and 2025, published in English or Turkish, and examining IPV victims' schemas as journal articles. We included studies published after 2015 because, the availability and analysis of data related to IPV and statistics on violence against women have improved recently due to advances in internet technologies (UN Women 2025). Furthermore, the conceptual understanding of IPV has expanded in recent years. With advances in technology and the internet, the cyber form of IPV has increasingly been examined in recent studies alongside physical and psychological forms of IPV (Lu et al. 2021). According to Keles et al. (2019), based on a 2015 study by the Pew Research Centre, 92% of adolescents reported actively using at least one social media platform. Given the recent global increase in social media and internet usage, the impact of such platforms on IPV, including cyberstalking, should be considered in contemporary studies. The ways individuals are exposed to IPV may have shifted to online platforms compared to previous years. Moreover, this systematic review aimed to employ psychometrically robust measures to achieve more reliable results. One of the main questionnaires informing the research question of this systematic review is the Young Schema Questionnaire-Long Form, developed by Jeffrey Young in the early 1990s (Young 1998). The first version of the Young Schema Questionnaire-Short Form (YSQ-SF) was developed to measure 15 EMSs

and consists of 75 items, each rated on five-point scale (Young 1998). The validity and reliability of the latest version of the Young Schema Questionnaire-Short Form 3 (YSQ-SF3) have been thoroughly analyzed with 90 items, including all 18 EMSs (Young 2005). YSQ-SF3 is the latest version of the questionnaire and addresses EMSs more comprehensively, covering all EMSs. YSQ-SF3 has become widely used in academic research in recent years. Therefore, including studies published within the last ten years aimed to enhance the psychometric rigor and validity of this systematic review, facilitating more accurate interpretations.

Exclusion Criteria

In this review, the following exclusion criteria were applied: studies focusing solely on IPV perpetrators, studies not published in English and Turkish, book chapters, meta-analyses, dissertations, case reports and case studies, literature and systematic reviews, conference proceedings, and studies published before 2015.
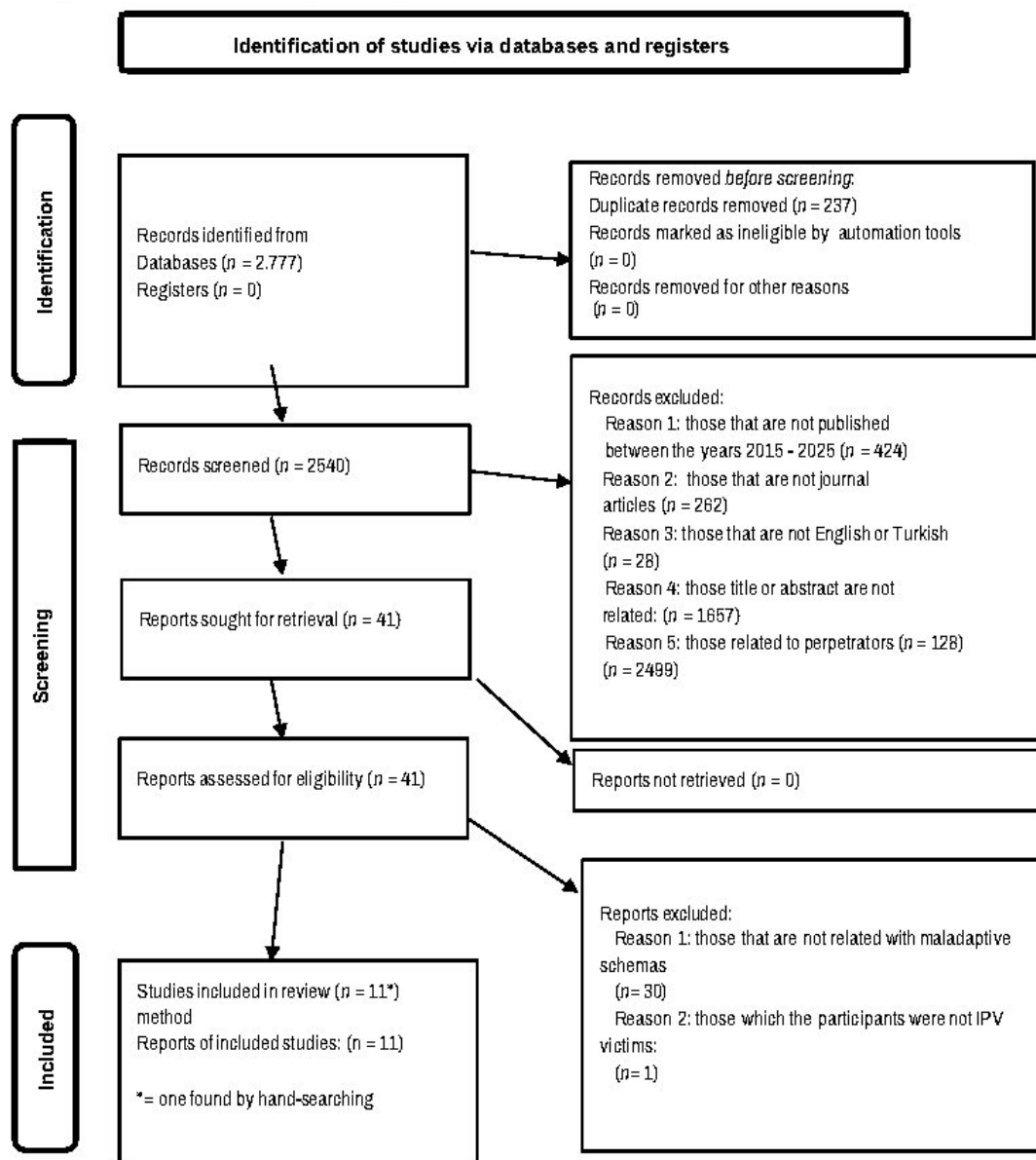

Figure 1. PRISMA 2020 flow diagram

Study Selection

Two authors collaboratively conducted the literature search, yielding 2777 records were retrieved from PubMed, ProQuest, Springer, and ScienceDirect. Subsequently, all records were exported to Microsoft Excel to facilitate screening and apply the exclusion criteria. Then the eliminations started by cleaning all duplicates (n = 237). From the remaining 2540 records, studies outside the 2015-2025 publication period were excluded (n = 424). Subsequently, book chapters, meta-analyses, case reports and case studies, literature reviews, conference proceedings, and systematic reviews were excluded from the study (n = 262). Subsequently, not published in English and Turkish studies were excluded (n = 28).

Then, the titles and the abstracts of the studies were screened, and irrelevant studies were excluded (n = 1657). Due to the high sensitivity of the databases, some studies irrelevant to the research question were retrieved. They were excluded for not directly addressing the research topic. These studies contain the terms "EMSs" or "IPV" in their titles or abstracts. For this systematic review, only studies in which both terms appear together in the title or abstract were included. Those examining only IPV perpetrators were excluded from the review (n = 128). The remaining 41 articles were all open-access, and those unrelated to maladaptive schemas were excluded (n = 30). Studies in which the population did not consist of IPV victims were excluded (n = 1). One additional study was identified through hand-searching and included in the review. This method involves manually examining journal contents to locate relevant studies, and reviewing reference lists of articles is also considered a form of hand-searching (Craane et al., 2013). Consequently, 11 studies were deemed relevant for this systematic review. No automation tools were employed during this process

Data Extraction

Data extraction was conducted by the first and second authors. The following information was extracted from the 11 included studies: author names, publication year, participant characteristics (total number, gender, age, ethnicity), measures, research designs, statistical analyses, and results. Inter-rater reliability was assessed using the percent agreement method during both data extraction and quality assessment to minimize potential bias. As two researchers independently evaluated the articles, percent agreement was deemed appropriate for measuring reliability. This method is commonly used to determine the proportion of agreement between two raters (McHugh, 2012). To calculate percent agreement, the total number of consensuses was determined prior to title and abstract screening. Of the 1,826 studies, 92 discrepancies were identified between the raters. Considering both studies with and without discrepancies, the two researchers achieved a 94% agreement rate (McHugh, 2012).

Quality Assessment

To assess the quality of the studies included in this review, each study was evaluated using the Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields (Kmet et al., 2004). As all included studies were quantitative, the Manual for Quality Scoring of Quantitative Studies was applied. A checklist comprising 14 criteria with four possible responses was used for the quality assessment: "yes" = 2, "partial" = 1, "no" = 0, and "N/A". Scoring was performed by the first author and subsequently verified by the second author.

Results

Study Characteristics

The 11 studies included in this systematic review were published between 2015 and 2025. These studies were conducted in the following countries: Turkey (n = 3; Atmaca and Gençöz 2016, Taşkale and Soygüt 2016, Gündoğmuş et al. 2023), Brazil (n = 1; Borges and Dell'Aglio 2020), Spain (n = 1; Calvete et al. 2018), France (n = 1; Pietri and Bonnet 2017), Italy (n = 1; Celsi et al. 2021), USA (n = 1; Hassija et al. 2017), Poland (n

= 1; Sójta et al. 2023), and Lebanon (n = 2; Rahme et al. 2020). Participants from diverse countries were included to capture cultural diversity (Table 1).

Table 1. Characteristics of the included studies								
Source	Sample Size	Gender (N)	Age	Ethnicity	Measures	Research Design	Statistical Analysis	Result
Atmaca and Gençöz 2016	222	female	20-50	Turkish	CTQ, CTS-2, YSQ-SF3	Cross-sectional	Hierarchical regression analysis, parallel multiple regression mediation analysis	Disconnection/rejection domain (mediator) & early negative exp. are significantly associated with IPV victimization (p < .001).
Borges and Dell'Aglio 2020	525	female	14-19		CADRI, EDAE-A, B-YSQ-A	Correlational	Multiple regression analysis, t-test	IPV was found significantly associated with abandonment/instability (p < .001) and vulnerability to harm and illness schemas (p < .01)
Calvete et al. 2018	933	488 female/445 male	13-18	Spanish	ETV, YSQ-SF3, CADRI	Longitudinal Design	Path analysis	Disconnection domain and witnessing family violence are mediators of IPV (p = .02)
Celsi et al. 2021	268	134 female/134 male	18-30	Italian/ white	CTQ-SF, YSQ-SF3,CDAQ	Cross-sectional	Multiple regression analysis, correlational analysis	Emotional deprivation schema is found to be significantly associated with cyber dating abuse (p < .001)
Pietri and Bonnet 2017	80	40 female/40 male	18-62		YSQ-SF3, The Life Events Questionnaire, TCI	Cross-sectional	Logistic regression analysis	Violence victims attained higher scores in Disconnection/rejection domain (p < .05)
Rahme et al. 2025	1655	female		Lebanese	Sociodemographic data, YSQ-SF3, Partner Abuse Scale, CASRS-12	Cross-sectional	ANOVA, Pearson correlation analysis, The moderation analysis (PROCESS MACRO)	Disconnection/rejection and impaired autonomy and performance domains are found to be significantly associated with IPV.
Gündoğmuş et al. 2023	75	female	18-65		PBQ-SF, ECR-S, BDI	Correlational	Correlational Analysis, Stepwise regression analysis, mediator analysis	All schema domains are related with IPV except hypervigilance/inhibition domain (p < .05)
Hassija et al. 2017	305	female		Caucasian, Latino, African-American, Asian-American, Native American, bicultural	PBI, YSQ-SF3, CTS-2	Correlational	Linear & Hierarchical regression analysis	Self-sacrifice and subjugation schemas were found as mediators between IPV and maladaptive parenting (p < .001).
Rahme et al. 2020	350	female		Lebanese	YSQ-SF3, PASP & PASNP, CASRS, RQ, PCL- C	Cross-sectional	2 Stepwise linear regression	All schema domains are found to be related to IPV (p < .05)

Table 1. Characteristics of the included studies								
Source	Sample Size	Gender (N)	Age	Ethnicity	Measures	Research Design	Statistical Analysis	Result
Sójta et al. 2023	96	female	20-55		YSQ-SF3, TRE	Correlational	Hierarchical logistic regression analysis	Disconnection/rejection domain & IPV (p =.01), impaired limits domain & IPV (p =.03) / future IPV & mistrust/abuse & emotional deprivation (p <.05)
Taşkale and Soygüt 2016	157	female		White/non- hispanic, American-Indian/ Alaska native, Asian/ Pacific Islander, Hispanic and black	YPI, YSQ-SF3,YRAI, YCI	Correlational	Hierarchical binary logistic reression analysis	Disconnection domain predicts victimization in IPV (p < .01)

BDI = Beck Depression Inventory, B-YSQ-A = The Brief Form of the Young Schema Questionnaire for Adolescents, CADRI = The Conflict in Adolescent Dating Relationships Inventory, CASRS-12 = Child Abuse Self-Report Scale, CDAQ = Cyber Dating Abuse Questionnaire, CTQ = Childhood Trauma Questionnaire, CTQ-SF = Childhood Trauma Questionnaire Short Form, YSQ-SF3 = Young Schema Questionnaire-Short form, ECR-S = Experiences in Close Relationships, ETV = Exposure to Violence Scale, PBQ-SF = Personality Belief Questionnaire- Short Form, TCI = The Temperament and Character Inventory, YCI = Young Compensation Inventory, YPI = Young Parenting Inventory, YRAI = Young-Rygh Avoidance Inventory, CTS-2 = Conflict Tactics Scale - Revised.

Sample Characteristics

The 11 studies included in this review comprised a total of 5409 participants in (n = 5409). The ages of them ranged from 13 - 81. Among 5409 participants, 4616 are female, 793 are male. Ethnicity was specified in five studies: one study specify the ethnicity of their participants as Turkish (Atmaca and Gençöz 2016), one study specifies the ethnicity of their participants as Spanish (Calvete et al. 2018), one study specifies the ethnicity of their participants as white and Italian (Celsi et al. 2021), one study specifies the ethnicity of their participants as Latino, Caucasian, African-American, Asian- American, Native American, bicultural (Hassija et al. 2017) and one study specifies their participants as Lebanese (Rahme et al. 2020). The remaining six studies did not report participant ethnicity. In one study, 23 female participants were IPV victims with psychiatric diagnoses (Sójta et al. 2023) (Table 1).

The studies included in this review drew samples from diverse ethnic groups, which enhances the generalizability of the findings. The broad age range of participants (13–65 years) further contributes to the external validity of the results. However, the disproportionate number of female participants (4,616) compared to male participants (793) indicates that gender balance was not achieved. This imbalance may be explained by the higher prevalence of IPV among women relative to men. These demographic characteristics provide valuable insights for the development of mental health interventions and clinical practices.

Measurement and Data Synthesis

Most studies used the schema questionnaires developed by Young (2003), which were adapted into different languages to suit the participants. The language adaptations were as follows: Turkish (Atmaca and Gençöz 2016, Taşkale and Soygüt 2016, Gündoğmuş et al. 2023), Portuguese (Borges and Dell'Aglio 2020), Spanish (Calvete et al. 2018), Italian (Celsi et al. 2021), Polish (Sójta et al. 2023), Arabic (Rahme et al. 2020, Rahme et al. 2025), French (Pietri and Bonnet 2017) (see Table 1). One study did not employ a language adaptation for the scales used (Hassija et al., 2017). Table 1 also provides details regarding the specific scales used in each study and the statistical analyses conducted. The selected studies are varied by populations and age range. Regardless of the inclusion criteria, the study by Atmaca and Gençöz (2016) involved a Turkish sample encompassing both adolescents and adults, reflecting a wide age disparity.

Additionally, the studies by Atmaca and Gençöz (2016), Taşkale and Soygüt (2016), Hassija et al. (2017), and Celsi et al. (2021) are affiliated with the International Society of Schema Therapy. While most included studies employed correlational research designs, others utilized experimental, cross-sectional, explanatory, and longitudinal approaches (see Table 1).

Risk of Bias in Studies

Because all selected studies reported quantitative data, the Standards Quality Assessment Criteria for Evaluating Primary Research Papers was employed (Kmet et al., 2004). This assessment tool consists of a checklist of items evaluated in terms of study methodology, results, and interpretation. Each item is scored from 0 to 2 points, with 2 points indicating that the criterion is fully met. The overall quality score is then standardized to a range of 0 to 1.00, where 0 indicates that no criteria were met and 1.00 indicates that all criteria were fully satisfied. Scores approaching 1.00 reflect higher study quality.

Based on this assessment, five studies achieved high-quality scores: .95, .95, .86., 95, and, 1.00 (Atmaca and Gençöz 2016; Hassija et al. 2017, Calvete et al. 2018,, Rahme et al. 2020, Rahme et al. 2025). The remaining studies received quality scores of .70, .75, .75, .79, .62, and, .66 (Taşkale and Soygüt 2016, Pietri and Bonnet 2017, Borges and Dell'Aglio 2020, Celsi et al. 2021, Gündoğmuş et al. 2023, Sójta et al. 2023).

In the study by Atmaca and Gençöz (2016), participants were recruited using a convenience sampling method. While practical, this approach may limit the study due to reduced randomization and decreased generalizability of the findings. In the study conducted by Borges and Dell'Aglio (2020), the Portuguese-Brazilian version of the schema questionnaire was employed; however, the process of validation and adaptation may introduce methodological limitations. Additionally, gender imbalance in this study, with a predominance of female participants, represents another potential limitation. In contrast, Calvete et al. (2018) employed a longitudinal design, which allows for the examination of changes in patterns over time and can be considered a methodological strength for interpreting the study's results. Similarly, the sample in Celsi et al. (2021) primarily consisted of psychology students, representing a highly educated population; therefore, the findings should be interpreted with caution. Furthermore, with the exception of Calvete et al. (2018) and Celsi et al. (2021), the remaining studies included only female participants, limiting the generalizability of their findings with respect to gender.

Results of Individual Studies

Schema Domains and IPV Victimization

Based on the evaluation of the results, Taşkale and Soygüt (2016) indicated that the disconnection schema domain predicts IPV victimization (B = .17, p < .01). Similarly, Atmaca and Gençöz (2016) reported that early negative experiences in childhood highly predict IPV victimization later in life through only mediation of the disconnection schema domain (p < .001). The same study suggests that only disconnection and rejection schema domain significantly predicts IPV (p < .01). Calvete et al. (2018) demonstrated that witnessing family violence mediates the development of the disconnection schema domain, which in turn predicts IPV victimization, specifically among females (p < .05). Sójta et al. (2023) identified four schema domains related to IPV: disconnection and rejection, impaired autonomy and performance, other-directedness, and overvigilance and inhibition (Sójta et al. 2023).

In addition to these findings, they signified that the disconnection and rejection domain (p < .05) can predict IPV in accordance with the impaired limits domain (p < .05) in the population of women victims and non-victims of IPV. heir results suggest that disconnection/rejection and impaired limits schema domains are significant predictors of IPV, whereas other-directedness and overvigilance/inhibition are not (Sójta et al. 2023). Also, Gündoğmuş et al. (2023) reported that, with the exception of the hypervigilance/inhibition schema domain, all other schema domains are significantly associated with IPV victimization (p < .05). Pietri et al. (2017) found that participants in the experimental group scored higher on the disconnection/rejection domain than those in the control group (p < .05). Finally, Rahme et al. (2025)

reported that both physical and non-physical IPV were significantly associated with all five schema domains (p < .001).

EMSs and IPV Victimization

According to the results obtained from Borges and Dell'Aglio (2020), adolescents who are the victims of IPV show significantly higher scores on their abandonment/instability, mistrust/abuse, entitlement/grandiosity, self-sacrifice, approval/seeking, negativity/pessimism, and unrelenting standards schemas. The study also revealed significant gender differences: female victims scored higher than male victims on the abandonment/instability (p < .001) and vulnerability to harm/illness schemas (p < .001)(Borges and Dell'Aglio 2020). These findings suggest that intolerance of and fear of abandonment may increase the likelihood that women tolerate or acknowledge physical or psychological violence in order to preserve close intimate relationships.

According to Sójta and her colleagues (2023), female victims of IPV scored higher on 13 schemas and four schema domains compared to non-victimized females (p < .001). The 13 schemas include emotional deprivation, abandonment, mistrust/abuse, social isolation/alienation, defectiveness/shame, failure to achieve, dependence/incompetence, vulnerability to harm or illness, subjugation, self-sacrifice, emotional inhibition, negativity/pessimism, and punitiveness. Therefore, the study's results showed that most of the EMSs might play an inevitable role in IPV victimization. The emotional deprivation schema (p < .05), mistrust / abuse schema (p < .01), subjugation schema (p < .01), and self- sacrifice schemas (p < .01) are particularly relevant (Pietri et al 2017). This evidence underscores the role of EMSs in IPV victimization, highlighting the long-term impact of repeated experiences of neglected emotional needs across the lifespan (Pilkington et al., 2021).

Similarly, Rahme et al. (2020) reported that women experiencing IPV scored significantly higher on the Partner Physical Abuse Scale and the Partner Nonphysical Abuse Scale across the following schemas: emotional deprivation, abandonment, mistrust/abuse, social isolation, defectiveness, failure, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, subjugation, self-sacrifice, emotional inhibition, entitlement/grandiosity, approval-seeking, negativity/pessimism, and punitiveness (p < .001). These findings suggest that EMSs may serve as valuable indicators for predicting the risk of IPV victimization.

Celsi et al. (2021) reported that the emotional deprivation schema significantly predicts exposure to cyber dating abuse (p < .001). Despite the results of other studies, Hassija et al. (2017) found that only self-sacrifice (p < .001) and subjugation (p < .001) schemas were associated with IPV victimization, acting as mediators between maladaptive parenting—such as deprivation of maternal care—and IPV outcomes. These discrepancies may reflect differences in sample characteristics: Hassija et al. (2017) included only female participants, whereas Celsi et al. (2021) included both females and males. Collectively, these findings suggest that vulnerabilities arising from EMSs contribute to engagement in abusive relationships. Specifically, EMSs—together with factors such as lack of maternal care and learned responses that suppress emotions or normalize unmet personal needs—may facilitate the toleration or normalization of IPV and abuse as a strategy to cope with adverse circumstances.

Discussion

The primary focus of this systematic review is to examine the relationship between schema domains, EMSs, and IPV victimization. The research question guiding this review was: "What are the most common EMSs and schema domains observed in IPV victimization?" Only two studies identified associations between all schema domains and IPV victimization. One of the key findings of the current review is that the disconnection/rejection schema domain is the primary schema domain linked to IPV victimization, as reported in most studies (Celsi et al. 2021).

According to Schema Theory, the disconnection/rejection domain is among the most challenging, as it underscores vulnerabilities arising from unmet emotional needs in early childhood, often connected to attachment difficulties (McLean et al. 2014). Because this domain reflects the need for belonging,

understanding, and acceptance, unmet childhood needs in these areas may lead IPV victims to normalize violence as a means of preserving connection (Celsi et al. 2021). In addition to the disconnection/rejection domain, the impaired autonomy and performance domain, the other-directedness domain, and the unrelenting standards schema were also found to be associated with IPV victimization. Individuals with an unrelenting standards schema may be inclined to blame and criticize themselves due to excessively high expectations, which can contribute to maintaining relationships despite ongoing violence (Borges & Dell'Aglio 2020). Similarly, the impaired autonomy and performance domain may cause female victims to perceive themselves as dependent on their intimate partners (Borges & Dell'Aglio 2020).

The finding that individuals within the disconnection/rejection schema domain are more likely to experience IPV stands out as one of the most prominent results of this review. According to the studies reviewed, these maladaptive schemas may give rise to emotional vulnerabilities—such as feelings of, and fears about, abandonment—that increase the risk of entering insecure relationships (Calvete et al. 2018). Individuals often carry forward maladaptive schemas formed through earlier experiences into their future relationships, struggling to recognize or dismantle these patterns, which may have become part of their psychological comfort zone since childhood (Atmaca & Gençöz 2016). Thus, a key finding highlighted by this systematic review is that early relational experiences in childhood can leave a lasting imprint on later life and may contribute to psychopathological behaviors. Moreover, it is important to note that EMSs, IPV, and their interactions can reinforce one another, creating a self-perpetuating loop that makes it difficult for individuals to recognize both their negative experiences and their underlying causes (Borges & Dell'Aglio 2020). The findings further reveal that EMSs—particularly emotional deprivation, abandonment, and vulnerability to harm and illness—reflect individuals' emotional vulnerabilities within romantic relationships. These tendencies, which can lead individuals to engage in abusive relationships by selecting partners who resemble their early caregivers, provide crucial insights for clinicians regarding targeted interventions (Atmaca & Gençöz 2016).

Through various clinical intervention techniques, individuals can develop awareness of their EMSs and cultivate adaptive cognitions, enabling them to identify and address insecure relationships—whether these are current or future partnerships (Atmaca & Gençöz 2016). Raising conscious awareness of these schemas through schema therapy facilitates critical examination and restructuring of EMSs. Schema therapy is a comprehensive clinical intervention model that integrates diverse theoretical and therapeutic approaches. It is informed by attachment theory, cognitive-behavioral therapy, and psychodynamic therapy (Van Vreesvijk et al. 2014). At its core, schema therapy emphasizes schemas, schema modes, and coping mechanisms as central constructs for interpreting individuals' current behavioral patterns in the context of early childhood experiences. By conceptualizing the self across both childhood and adulthood, it provides a framework for understanding an individual's worldview (Stevens & Roediger 2016).

Through schema therapy, individuals can develop a deeper understanding of their schemas and how these shape their perceptions of themselves and the world. A central aim of schema therapy interventions is to replace maladaptive schemas with more adaptive and mature alternatives. Additionally, schema therapy supports individuals in understanding their current relationship patterns and emotional difficulties within the context of EMSs.

From a psychopathological perspective, schema therapy has been identified as one of the most effective treatment modalities for depression and personality disorders (Bakos et al. 2015). Furthermore, schema therapy offers novel perspectives for enhancing interpersonal relationships and advancing IPV prevention efforts. In a case study by Beckley (2022), its efficacy was demonstrated through the case of a 40-year-old man—an IPV perpetrator—whose violent behavior diminished following therapeutic interventions that addressed his unmet childhood needs and EMSs. However, there remains a scarcity of studies investigating the role and effectiveness of schema therapy in IPV victimization. Given schema therapy's demonstrated effectiveness as a novel therapeutic intervention for IPV perpetration, operationalizing it within the context of IPV victimization—both to prevent IPV and to increase awareness of abusive relationship patterns—holds considerable significance.

The current systematic review presents several strengths and limitations that warrant consideration. By including studies published within the last decade, this review incorporates up-to-date findings and reflects recent methodological approaches with robust psychometric properties. Furthermore, the included samples vary across culture, age, sex, and psychiatric diagnostic status, which enhances the breadth of perspectives represented. However, most of the studies primarily focus on female victims of IPV, with only a limited number addressing victimization among both sexes. As a result, the present review lacks a truly heterogeneous population, reducing its external validity and limiting the generalizability of its findings. The observed gender imbalance may be partly explained by the heightened risk of IPV among females and their comparatively higher participation rates in research studies. Future research should prioritize examining IPV victimization among both female and male populations. Additionally, all the studies selected for this review are quantitative (e.g., correlational and cross-sectional designs). Incorporating both qualitative and quantitative studies in future systematic reviews could provide a more comprehensive understanding of the topic. It is also important to emphasize that, based on the results of the current review, no causal relationships can be inferred.

Among its strengths, this review deliberately included studies published within the last ten years, thereby incorporating recent methodologies with robust psychometric properties and reflecting current findings. Considering both the strengths and limitations of the present study, future systematic reviews could integrate both qualitative and quantitative research to provide a more comprehensive analysis of the evidence. Furthermore, rather than focusing predominantly on female heterosexual populations, future studies should prioritize the inclusion of victims of all sexes and diverse sexual orientations to enhance the generalizability of findings regarding the relationship between IPV victimization and EMSs.

Although the present review includes studies from diverse cultural backgrounds, it does not specifically address cultural differences in the development of EMSs. Cultural norms, gender roles, and family dynamics may influence both the formation of EMSs and the risk of IPV victimization. Other contextual factors, such as low socioeconomic status, limited education, and substance use, may also contribute to the development of EMSs and vulnerability to IPV. The samples in the studies reviewed predominantly consisted of participants with lower education levels. Kyle (2022) further indicated that low socioeconomic status, young age, and the presence of depression are key predictors of IPV victimization among women.

The studies in the current review included multiracial participants and individuals from ethnic minority groups. As Kyle (2022) noted, IPV prevalence tends to be higher among ethnic minority and multiracial populations, whereas non-Hispanic White and Asian women experienced IPV at rates below 40%, compared to more than 40% among non-Hispanic Black and American Indian/Alaska Native women over their lifetimes. Additionally, cross-cultural research indicates that African American and Latina/Hispanic women experiencing IPV are less likely to seek mental health support compared to Caucasian women (Satyen et al. 2019). These disparities may be partly explained by lower socioeconomic status and education levels, which can increase IPV vulnerability and reduce help-seeking behaviors among ethnic minority women.

Cultural orientation may also shape the development of EMSs and responses to IPV. As Sorkhabi (2012) highlighted, parenting styles and children's interpretations of parental behaviors vary between individualistic and collectivistic cultures. Such variations can lead to the formation of different adaptive and maladaptive schemas, which may be perceived and expressed differently across cultural contexts. Accordingly, cultural norms, education levels, and socioeconomic status influence both perceptions of partner abuse and reactions to IPV. These factors should be carefully considered in research and clinical practice to ensure culturally informed understanding and interventions.

Conclusion

The primary objective of this systematic review is to synthesize the findings of the past decade's literature on the association between IPV victimization and EMSs. All selected studies indicate that EMSs and schema domains are linked to IPV victimization. Overall, the disconnection/rejection domain—particularly the schemas of emotional deprivation, mistrust/abuse, abandonment, other-directedness, and vulnerability

to harm and illness—emerges as most strongly associated with IPV victimization. These schemas play a critical role in elucidating the dynamics underlying IPV victimization. A smaller number of studies also report associations between IPV victimization and the unrelenting standards schema, the self-sacrifice schema, and the impaired autonomy and performance schema domain. Significantly, most studies emphasize the predictive role of EMSs in future IPV victimization. Therefore, understanding and accurately interpreting research on EMSs and IPV victimization is crucial for effective intervention with IPV victims.

The findings of this systematic review also underscore the importance of preventive measures against all forms of IPV, particularly by recognizing the influence of EMSs and related experiences before violence occurs. Furthermore, for clinicians, this review highlights the value of schema therapy in helping clients recognize their risk of future IPV and in guiding interventions for victims. Consequently, future research should explore the effectiveness of schema therapy as an intervention for IPV victims.

As noted in the discussion section, focusing on male IPV victims in future reviews will enhance the generalizability of the findings. Similarly, including individuals with diverse sexual orientations may offer valuable new perspectives. To obtain more in-depth insights, qualitative research can also be incorporated into these reviews. This approach allows for a richer exploration of participants' personal experiences, emotions, and thoughts beyond numerical data. From a clinical standpoint, a thorough examination of IPV in relation to EMSs will be essential for advancing the development of schema therapy.

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