





Early Maladaptive Schemas and Intimate Partner Violence

Esquemas iniciais desadaptativos e violência por entre parceiros íntimos

Esquemas Desadaptativos Tempranos y Violencia de Pareja Íntima

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ABSTRACT

Intimate Partner Violence (IPV) consists of behaviors within an intimate relationship that cause physical, psychological, or sexual harm to those involved. Early Maladaptive Schemas (EMS) may contribute to the maintenance of unhealthy relationship patterns. This study aims to identify the EMS most frequently present in women who are victims of IPV, compare them with those of women without such a history, and examine the correlation between EMS and types of violence (physical, psychological, and sexual). A total of 102 cisgender women over the age of 18 participated, all of whom reported being in an intimate relationship for at least six months within the past year. All participants completed a sociodemographic questionnaire, the Young Schema Questionnaire, and the Violence Against Women instrument. Women with a history of IPV had higher average scores on all EMS, with statistically significant differences observed for emotional deprivation, mistrust/abuse, social isolation, defectiveness/shame, dependence/incompetence, vulnerability to harm, subjugation, and emotional inhibition. Significant positive correlations, ranging from weak to moderate, were found between certain EMS and psychological and sexual violence. The study discusses the importance and implications of identifying EMS in the prevention and intervention of victimization in intimate relationships.

Keywords: Intimate Partner Violence. Women. Schema Therapy

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RESUMO

A violência por parceiros íntimos (VPI) consiste em comportamentos dentro de um relacionamento íntimo que cause danos físicos, psicológicos ou sexuais àqueles na relação. Esquemas Iniciais Desadaptativos (EIDs) podem contribuir para a manutenção de padrões de relacionamentos não saudáveis. Este estudo tem por objetivo identificar os EIDs mais frequentemente presentes em mulheres vítimas de VPI, comparar com mulheres sem tal histórico e verificar a correlação entre os EIDs e os tipos de violência (física, psicológica e sexual). Participaram 102 mulheres cisgênero, maiores de 18 anos que declararam estar em relacionamento íntimo por no mínimo seis meses no último ano. Todas responderam um questionário sociodemográfico, ao Questionário de esquemas de Young e ao instrumento Violência contra a mulher. Mulheres com histórico de VPI tiveram médias maiores em todos os EIDs, sendo que diferenças estatisticamente significativas foram observadas para privação emocional, desconfiança/abuso, isolamento social, defectividade/vergonha, dependência/incompetência, vulnerabilidade ao dano, subjugação e inibição emocional. Correlações significativas, positivas, de fracas a moderadas foram observadas entre alguns EIDs e violência psicológica e sexual. Discute-se a importância e implicações da identificação de EIDs na prevenção e intervenção de vitimização em relacionamentos.

Palavras-chave: Violência por parceiro íntimo. Mulheres. Terapia do Esquema

RESUMEN

La violencia por parte de la pareja íntima (VPI) consiste en comportamientos en una relación íntima que causan daño físico, psicológico o sexual. Los esquemas inadaptativos tempranos (EIT) pueden contribuir al mantenimiento de patrones de relaciones no saludables. El objetivo fue identificar los EIT más frecuentemente presentes en mujeres víctimas de VPI, compararlos con mujeres sin dicho historial y examinar la correlación entre los EIT y los tipos de violencia (física, psicológica y sexual). Participaron 102 mujeres cisgénero mayores de 18 años, todas las cuales informaron haber estado en una relación íntima durante al menos seis meses en el último año. Todas completaron un cuestionario sociodemográfico, el Cuestionario de Esquemas de Young y el instrumento Violencia contra la Mujer. Las mujeres con historial de VPI obtuvieron puntajes promedio más altos en todos los EIT, observándose diferencias estadísticamente significativas en privación emocional, desconfianza/abuso, aislamiento social, imperfección/vergüenza, dependencia/incompetencia, vulnerabilidad al daño, subyugación e inhibición emocional. Se encontraron correlaciones positivas significativas, de débiles a moderadas, entre ciertos EIT y la violencia psicológica y sexual. El estudio discute la importancia y las implicaciones de identificar los EIT para la prevención e intervención de la victimización en relaciones íntimas.

Palabras clave: Violencia de Pareja Intima (VPI). Mujeres. Terapia de Esquemas.

Highlights of Clinical Impact

Practical implications of the study include:

- Some early maladaptive schemas showed statistically significant differences between women with a history of IPV and those without such a history.
- Being aware of these early maladaptive schemas in women with a history of IPV helps guide the intervention process by highlighting emotional needs and beliefs that should be considered.
- Correlations between EMS and the domain of violence enable focused intervention work and contribute to prevention.

Intimate Partner Violence (IPV) is a public health issue with a significant impact on women's health, particularly mental health (Lourenço & Costa, 2020). According to the World Health Organization (WHO, 2012), IPV refers to "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" (p.11). These behaviors include acts of physical aggression (e.g., slapping, punching, kicking), psychological abuse (e.g., intimidation, depreciation, constant humiliation), sexual

abuse (e.g., forced sexual relations and sexual coercion), and controlling behaviors (e.g., isolating a person from family and friends, monitoring their actions, and restricting access to information or assistance) (Krug et al., 2002).

IPV primarily occurs in romantic relationships formed early on during adolescence or early adulthood, often within the context of marriage or cohabitation (WHO, 2012). Although IPV can affect both men and women in heterosexual or same-sex relationships (Capinha et al., 2024; Moreira & Ceccarelli, 2016; WHO, 2012), data collected by the WHO in various countries

indicate that one in three women (approximately 736 million people) experience physical or sexual violence from their partner. Furthermore, one in four young women (aged 15 to 24) who have been in an intimate relationship will have experienced partner violence by their twenties (WHO, 2012). In Brazil, a survey conducted by the Brazilian Public Security Forum and Datafolha Institute (Bueno et al., 2023) that registered 1042 women aged 16 or older from 126 small, medium, and large municipalities across all regions of the country revealed that 33.4% of Brazilian women experienced some form of physical or sexual violence by an intimate partner or ex-partner in the past year.

IPV prevention aims to promote healthy relationships within mutual respect, equal decision making, and a lack of abusive and violent behavior between the couple (DAffonseca & Williams, 2017). To achieve this goal, it is essential to consider that IPV is a complex and multifaceted phenomenon, rooted in the interaction of personal, situational, and sociocultural factors (Capaldi et al., 2012; Heise, 2011; Luft et al., 2025). Thus, effectively addressing IPV requires actions at various levels (individual, community, and societal) with different degrees of complexity, encompassing prevention, assistance, the safeguarding of victims' rights, and the rehabilitation of perpetrators (Brazil, 2006; Hamel, 2020).

Among all the possibilities, psychological and psychosocial interventions addressed to IPV could mitigate physical, psychological, and social consequences of violence and empower the victims to break the cycle of violence (DAffonseca & Williams, 2017). Different intervention models are proposed for this audience. In a systematic review of IPV interventions, Trabold et al. (2020) categorize these into: (1) advocacy, focusing on offering community referrals, safety planning, and support around the abuse/violence; (2) psychotherapeutic interventions, considered crucial as clinical treatment for survivors dealing with the psychological consequences of IPV; and (3) integrative interventions, sometimes referred to as multicomponent interventions, which combine both approaches and aim to meet the diverse needs related to safety, legal matters, and the psychosocial well-being of IPV survivors.

Systematic literature reviews evaluating the effectiveness of psychotherapeutic interventions for women with a history of IPV (Hameed et al., 2020; Micklitz et al., 2024) indicate that psychological therapies likely reduce depression and may reduce anxiety (Hameed et al., 2020). Integrative interventions—combining psychological support with safety planning and referrals to specialized services and resources—have shown better outcomes than advocacy or psychotherapy alone (Micklitz et al., 2024). To improve the safety and well-being of IPV survivors, interventions must address the multiple aspects of life affected by IPV. Improvement is more likely to be achieved through integrative, high-intensity approaches (Micklitz et al., 2024). Therefore, identifying psychological variables that

perpetuate violent relationships can enhance interventions and support IPV prevention efforts.

Schema Therapy represents a significant contribution to cognitive approaches by expanding the traditional Cognitive-Behavioral Therapy (CBT) model and integrating promising elements from other psychological approaches, such as Gestalt therapy and attachment theory (Rafaeli et al., 2023; Young, 2003). One of the central concepts of this approach is Early Maladaptive Schemas (EMS), which are defined as broad, diffuse, and fundamental patterns formed by memories, emotions, and bodily sensations, related to the perception of oneself and others (Young, 2003). These schemas are remote because they begin early in the individual's life and repeat over time, forming self-defeating (maladaptive) patterns of perceiving and interpreting life experiences. Moreover, EMS become rigid and inflexible, to such a degree that any attempt to change them is perceived as threatening (Rafaeli et al., 2023; Young et al., 2008).

EMS are developed from childhood through the interaction between a child's innate temperament and the harmful educational practices of parents, caregivers, siblings, or friends who fail to meet essential emotional needs, such as the need for secure bonds with others, autonomy, competence, sense of identity, freedom of expression, valid emotions and needs, spontaneity and leisure, realistic boundaries, and self-control (Young, 2003; Young et al., 2008). Because they begin in childhood, these schemas become familiar and comfortable, leading the individual to distort their perception of events to maintain their validity. Later in adulthood, they function as "trap schemas," which entrap individuals in maladaptive patterns of behavior, thoughts, and emotions (Young et al., 2008).

Young (2003) proposed the existence of 18 EMS divided into five schematic domains: (1) Disconnection and rejection, containing the EMS of abandonment/instability, mistrust and abuse, emotional deprivation, defectiveness/shame, and social isolation/alienation; (2) impaired autonomy and performance, which includes the EMS of dependence/incompetence, vulnerability to harm or illness, enmeshment/self-undeveloped, and failure; (3) impaired limits, comprising the EMS of entitlement/grandiosity and insufficient self-control/discipline; (4) direction toward others, containing the EMS of subjugation, self-sacrifice, and approval-seeking/recognition-seeking; and (5) hypervigilance and inhibition, which contains the EMS of negativity/pessimism, emotional inhibition, inflexible patterns/excessive critical stance, and punitive stance.

According to Young (2003), individuals tend to select their romantic partners based on their own EMS, through a process that he's labeled as "schema chemistry," which is typically triggered by one or more specific schemas. Schema chemistry encompasses two core dimensions: attraction and illusion (Paim & Cardoso, 2019; Stevens & Roediger, 2016). The former refers to the tendency to repeat familiar relational patterns associated with unmet emotional needs from childhood. The latter, illusion,

involves the idealization of romantic love and the perception of compatibility shaped by the individual's own schemas.

This concept also intersects with the notion of repetition compulsion in psychoanalysis and the role of familiarity in evolutionary psychology. From an evolutionary perspective, familiarity may support the adaptive function of partner selection, while also revealing potential risks inherent in this process. However, unlike psychoanalysis—which often associates unconscious repetition with the death drive—schema chemistry pertains to cognitive and emotional processes developed over the lifespan due to unmet emotional needs. Its unconscious component is not linked to a death instinct, but rather to implicit memories of early childhood experiences, through which individuals may unconsciously attempt to “re-edit” past experiences in hopes of finally receiving the emotional nurturance that was previously absent.

Relationships marked by violence may act as potent activators of these dysfunctional beliefs, trapping individuals in maladaptive, schema-driven cycles (Paim et al., 2012). Paim et al. (2012) argue that schema activation within intimate relationships often represents a reenactment of early developmental experiences and, in cases of intimate partner violence (IPV), reinforces and perpetuates these maladaptive schemas.

Pilkington et al. (2021) conducted a systematic literature review and meta-analysis to assess the available evidence regarding the association between EMS and Interpersonal Violence Victimization (IPV), including both victimization and perpetration. Nine studies were analyzed, most using a correlational design, and two case-control studies. The sample sizes ranged from 80 to 435 participants, totaling 2145 participants across all studies. Six studies recruited only female participants, two included both genders, and one focused exclusively on male participants. Participants' ages ranged from 18 to 41 years. Nearly half of the studies ($n = 5$) recruited undergraduate students, while the others included participants from the judicial system and programs targeting victims and perpetrators of violence. All selected studies were conducted in the Global North. The results indicated small to medium associations between IPV victimization and disconnection and rejection ($r = .42$, 95% CI [.16, .62]), impaired autonomy and performance ($r = .36$, 95% CI [.18, .52]), and direction toward others ($r = .25$, 95% CI [.14, .35]). Regarding the 18 individual schemas, only mistrust/abuse ($r = .33$, 95% CI [.29, .37]) and vulnerability to harm/illness ($r = .36$, 95% CI [.10, .58]) were moderately correlated with IPV victimization.

In Brazilian studies (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018; Paim, 2014; Paim et al., 2012; Toledo, 2021) that aimed to identify EMS in people with history of IPV and their correlations with violence domains tended to collect data predominantly from samples of women (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018; Toledo, 2021). Two studies (Paim, 2014; Paim et al., 2012) collected data from both men and

women, regardless of whether they were victims of IPV. In the studies where the target population was composed of women who were victims of IPV, almost all of them recruited participants from different programs designed for victims of violence, namely: the Women's Violence Support Center in São Luís, Maranhão (Algarves, 2018); the Specialized Women's Police Station (DEAM) in a city in the interior of Rio Grande do Sul (Barbosa et al., 2019); a program for women who were victims of violence in the Municipality of Nova Iguaçu - RJ (Toledo, 2021); and at a Specialized Women's Police Station (DEAM) in the municipality of Ariquemes-RO (Oliveira, 2018).

The data obtained indicated that the most frequent EMS presented in women who have experienced IPV aligned with the first domain – disconnection and rejection (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018; Toledo, 2021), with schemas of abandonment/instability (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018); mistrust/abuse (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018); and emotional deprivation (Algarves, 2018; Oliveira, 2018). From the second domain, autonomy and impaired performance, the EMS of vulnerability to harm or illness (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018), from the fourth domain – direction toward others (Toledo, 2021) and subjugation and self-sacrifice (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018); and from the fifth domain – hypervigilance and inhibition (Barbosa et al., 2019), the EMS of negativity/pessimism (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018), emotional inhibition (Algarves, 2018; Barbosa et al., 2019), rigid patterns/excessive critical posture (Barbosa et al., 2019), and punitive posture (Barbosa et al., 2019; Oliveira, 2018). Regarding the correlations between IPV and EMS, the studies indicated a significant negative correlation and a weak effect size ($r = -.36$) between self-sacrifice and health damage, sexual and property violence, and a significant positive correlation and weak effect size ($r = .314$) between punitive posture and behavioral control (Algarves, 2018).

Understanding which EMS are present in victims of IPV could help propose direct interventions to break the schematic perpetuation (Baldissera et al., 2021), breaking repetitive cycles and seeking integrative change. It is believed that Schema Therapy could be especially helpful in complex cases with high rates of revictimization in different relationships and by different intimate partners. Women in IPV situations often have EMS activated, which can contribute to their continued involvement in these kinds of abusive relationships (Cerqueira & Mendes, 2022). EMS influences the way individuals relate to others. The activation of EMS affects romantic choices and the persistence in abusive relationships, contributing to the maintenance of these schemas (Paim et al., 2012). Schema Therapy has tools to understand this dynamic in interpersonal relationships, with one of its goals being cognitive and behavioral transformation that influence relationship quality. It also helps individuals become aware of their EMS and schematic processes, which supports better personal choices and romantic relationship decisions (Cerqueira & Mendes, 2022).

Considering the female victimization in Brazil, mainly from intimate partners (Bueno et al., 2023); the harmful consequences and the cognitive aspects that may contribute to its maintenance (Ligório et al., 2025), there is a strong emphasis on the need to understand the factors that can make individuals vulnerable and that contribute to keeping victims in these abusive relational dynamics (Paim & Cardoso, 2019). A thorough understanding of the role of EMS in IPV victimization might underpin prevention and intervention efforts to break the cycle of violence (Sójtá et al., 2023). Therefore, to contribute in the understanding of the dynamics of relationships marked by violence through the investigation of the cognitive aspects that sustain them, the EMS, the present study aimed to identify which EMS are most frequently present in women victims of IPV; to compare EMS between women with and without a history of IPV; and analyze the correlation between EMS and types of violence (physical, psychological and sexual).

METHOD

PARTICIPANTS

The study included cisgender women aged 18 years or older who reported having had an intimate relationship lasting at least six months in the previous year. A total of 118 people responded to the online survey. Of these, 15 were excluded for being male, and one left without completing the instruments. The remaining 102 participants were divided into two groups: (1) Victims of IPV, composed of women who self-reported any victimization in a present or past intimate relationship (N=66); and (2) Non-victims of IPV, composed of women without self-reporting IPV victimization. Table 1 presents the participant demographic and characterization data.

The age of the participants in Group 1 ranged from 18 to 64 years (M = 31.9; SD = 12.8). The majority self-identified

Table 1. Participant characteristics

	GROUP 1 - VICTIMS OF IPV (N=66)		GROUP 2 - NO HISTORY OF IPV (N=36)	
	M	DP	M	DP
Age	31.9	12.8	30.6	13.5
	N	%	N	%
Sexual orientation				
Heterosexual	43	65.2	26	70.1
Bisexual	20	30.3	8	21.6
Lesbian	2	3.0	2	5.4
Other	1	1.5	1	2.7
Ethnoracial self-identification				
White	51	77.3	30	81.1
Brown	11	16.7	3	8.1
Black	4	6.1	2	5.4
Education level				
High school	4	6.1	6	16.2
Undergraduate (in process)	32	48.5	16	43.2
Undergraduate	4	6.1	6	16.2
Graduated	22	33.3	9	24.3
Marital Status				
Single	36	55.4	23	62.2
Married/stable union	19	29.2	13	35.1
Divorced	10	15.2	1	2.7
Income				
No income	11	16.7	12	33.3
At least one MW (R\$ 1.212,00)	12	18.2	5	13.9
From 1 to 3 MW (R\$ 1.212,00 to R\$ 3.636,00)	27	40.9	12	33.3
From 3 to 6 MW (R\$ 3.636,00 to R\$ 7.272,00)	11	16.7	4	11.1
From 6 to 9 MW (R\$ 7.272,00 to R\$ 10.908,00)	3	4.5	0	0
More than 10 MW (more than R\$ 12.120,00)	2	3.0	3	8.3

as heterosexual (65.2%), white (77.3%), single (55.4%), with an undergraduate degree yet to be completed (48.5%). The most frequent household income ranged from 1 to 3 minimum wages (40.9%). In Group 2, participants' ages ranged from 18 to 57 years ($M = 30.6$; $SD = 13.5$). The majority self-identified as heterosexual (70.1%), white (81.1%), single (62.2%), with an undergraduate degree yet to be completed (43.2%). 33.3% reported no income, and the same amount (33.3%) reported one to three minimum wages.

MEASURES

The *Sociodemographic Data Questionnaire* was used to collect individual information about the participants, such as name, gender identification, age, ethnic identity, education, marital status, and if they had been in an intimate relationship (minimum of 6 months) in the past year.

The *Young's Schema Questionnaire - Brief version* (YSQ-S3) was developed by Young and Brown (1990) and adapted for Brazil by Souza et al. (2020). This version of the instrument assesses 18 early maladaptive schemas through 90 questions, with five questions for each schema. The respondent was asked to read the 90 statements and identify to what extent each applied to them over the past year. For questions related to relationships with parents or a partner, if the person was not in a romantic relationship at the time of data collection, they were instructed to answer based on their most recent significant romantic relationship. After reading each statement, the respondent was asked to indicate how well it described them on a 6-point Likert scale, ranging from 1 - Completely false (i.e., has nothing to do with what happens to me) to 6 - Perfectly describes me (i.e., precisely what happens to me). The score for each EMS was obtained by summing each of the items that made up the schema, divided by the total number of questions in the category to get an average. The reliability by factor was assessed for each EMS and found to be satisfactory, except for the EMS "Entitlement/Grandiosity." It is noteworthy that the reliability results were close to those found in studies from other countries and varied from 0.67 to 0.92.

The *World Health Organization Violence Against Women* (WHO VAW) is an instrument that was developed as part of a collaborative study among participating countries. Each participating country selected two research sites: one large city and one region with both urban and rural characteristics. In Brazil, the study was conducted by Schraiber et al. (2010) in the city of São Paulo (SP) and the Zona da Mata region of Pernambuco (ZMP), encompassing a total of 15 municipalities. Developed in Portuguese and validated in Brazil by Schraiber et al. (2010) in the regions of São Paulo and Zona da Mata, achieving high Cronbach's alpha values: .88 and .89. This instrument estimates gender-based violence against women perpetrated by an intimate partner. It consists of 13 questions. The participant must indicate whether the behavior described in the statement occurred or did not occur (e.g., insulted you

or made you feel bad about yourself; Slapped you or threw something at you that could hurt you; You had sexual intercourse because you were afraid of what he might do). Each affirmative response is scored as 1 point in the calculation of this score. The higher the score, the greater the diversity of acts of violence against the woman in question. Three subscales establish the domains of psychological violence (4 questions), physical violence (6 questions), and sexual violence (3 questions).

ETHICAL ASPECTS

This research was conducted based on the ethical principles established by the National Health Council and with approval from the Federal University of São Carlos Ethics Committee (CAAE: 54303921.6.0000.5504).

PROCEDURE

Participants were recruited through social media (Facebook, Instagram, and WhatsApp), in official communication channels of the educational institution of the first and last authors, and in regional newspapers. The invitation briefly described the topic and objectives of the research, accompanied by a link directing participants to a form. After consenting to participate in the study, the participants completed the Sociodemographic Data Questionnaire, the YSQ-S3, and the WHO VAW questionnaire. The estimated response time was 20 minutes.

DATA ANALYSIS

The data were analyzed using JASP 0.16.4 software. For the EMS, the YSQ-S3 items for each EMS were summed and divided by the number of items ($n=5$). To identify IPV, the scores obtained from the items comprising the subscales of physical, emotional, and sexual violence from the WHO VAW were summed. Descriptive statistics (frequencies, means, standard deviations, minimum and maximum values) were calculated for all variables. To assess the internal reliability of the instruments used, Cronbach's alpha coefficient was calculated for each subscale (see Tables 2 and 3). It is worth noting that the values obtained in the present study were similar to the scores reported in the validation studies of the instruments (Souza et al., 2020; Schraiber et al., 2010).

To address the first hypothesis, the mean difference in YSQ-S3 scores between groups was calculated using the Mann-Whitney test. To examine the correlation between EMS and VPI, Spearman's correlation test was used, given the non-parametric distribution of the data. To analyze the correlation between variables, the following aspects were examined: (a) statistical significance ($p < 0.05$); (b) the direction (positive or negative); and (c) the degree or strength of the correlation — none 0.00; weak 0.10–0.39; moderate 0.40–0.69; strong 0.70–0.89; very strong 0.90–0.99; perfect 1.00 (Schoeber, Boer & Schwarte, 2018).

RESULTS

Emotional violence was, on average, the most frequent type of IPV (M = 2.117; SD = 1.059). In fact, all participants reported experiencing at least one form of emotional violence, with 91.6% stating that their partner “Insulted or made them feel bad about themselves”. Among participants who reported experiencing physical violence (n = 20), the majority (n = 19) indicated that their partner “Pushed or shook them”. Regarding sexual violence, the behaviors “Physically forced you to have sexual relations when you did not want to” and “You had sexual relations because you were afraid of what he might do” were the most frequently reported by participants who experienced sexual violence (n = 19). Among the six participants who scored the maximum on the sexual violence scale, five also scored on the other two types of violence, except for one participant who reported only sexual and emotional violence. Table 2 presents data from the World Health Organization’s Violence Against Women (WHO VAW) initiative.

The results indicate that the most frequent EMS among women victims of IPV were unrelenting standards, self-sacrifice, abandonment, mistrust/abuse, and negativity. Participants in Group 1 had higher means in all EMS, with the differences being statistically significant for the EMS of deprivation, mistrust/abuse, social isolation, defectiveness/shame, dependence/incompetence, vulnerability to harm, subjugation, and emotional inhibition. Table 3 presents each EMS in both groups and the mean difference between groups.

There were no significant correlations between any of the EMS and physical violence. Significant, positive, and weak correlations were observed between psychological violence and mistrust/abuse, social isolation, defectiveness/shame, subjugation, self-sacrifice, emotional inhibition, and entitlement/grandiosity. A significant, positive, and moderate correlation was found between psychological violence and emotional deprivation. As for sexual violence, significant, positive, and weak correlations were found with emotional deprivation, mistrust/abuse, subjugation, self-sacrifice, and emotional inhibition. Table 4 presents correlations between IPV and EMS.

Table 2. Intimate Partner Violence experienced by the participants

	a	N	M	SD	Minimum	Maximun
Psychological	.705	66	2.106	1.025	1	4
Physical	.862	66	.909	1.595	0	6
Sexual	.817	66	.697	1.067	0	3

Table 3. Early maladaptative schemas

	α	GROUP 1 - VICTIMIS OF IPV						GROUP 2 - NO HISTORY OF IPV						U	p
		N	M	SD	Minimum	Maximum	N	M	SD	Minimum	Maximum				
Unrelenting standards	.766	66	3.65	1.08	1	6	36	3.11	1.28	1	5.4	914.500	.055		
Self-sacrifice	.800	66	3.54	1.15	1.2	6	36	3.07	1.18	1	5.6	935.500	.077		
Abandonment/instability	.884	66	3.29	1.43	1	6	36	2.74	1.48	1	5.8	915.500	.056		
Mistrust/abuse	.853	66	3.28	1.28	1	6	36	2.47	1.18	1	5.8	753.000	.002		
Negativity/pessimism	.874	66	3.25	1.39	1	6	36	2.86	1.56	1	6	967.500	.123		
Social isolation	.853	66	3.17	1.37	1	5.6	36	2.32	1.04	1	4.4	753.500	.002		
Approval seeking	.795	66	3.13	1.19	1.2	6	36	2.78	1.07	1	5.6	995.500	.178		
Vulnerability to harm	.814	66	3.08	1.31	1	6	36	2.55	1.40	1	5.4	903.500	.046		
Subjugation	.813	66	2.96	1.13	1	6	36	2.34	1.15	1	4.8	811.500	.008		
Entitlement/grandiosity	.727	66	2.96	1.01	1.4	5.4	36	2.29	1.01	1	4.4	734.000	.001		
Insufficient self-control	.862	66	2.88	1.17	1	6	36	2.52	1.31	1	5.4	929.500	.070		
Emotional inhibition	.842	66	2.76	1.28	1	6	36	2.22	1.09	1	5	900.000	.044		

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	GROUP 1 - VICTIMIS OF IPV						GROUP 2 - NO HISTORY OF IPV						U	p
	α	N	M	SD	Minimum	Maximum	N	M	SD	Minimum	Maximum			
Emotional deprivation	.842	66	2.64	1.28	1	6	36	1.68	0.87	1	4.6	629.500	.001	
Punitiveness	.835	66	2.53	1.23	1	5.4	36	2.32	1.19	1	5	1.053.000	.345	
Failure	.919	66	2.45	1.29	1	5.8	36	2.31	1.40	1	5.8	1.067.000	.397	
Defectiveness/shame	.90	66	2.42	1.25	1	6	36	1.69	1.04	1	5	730.000	.001	
Enmeshment/undevelopment self	.727	66	2.25	1.15	1	5.8	36	2.02	0.88	1	4.4	1.105.500	.564	
Dependence/incompetence	.710	66	2.23	0.82	1	4.8	36	1.94	0.95	1	4.6	901.500	.044	

Table 4. Spearman's correlations between IPV types and EMS

		Psychological	Physical	Sexual
Emotional deprivation	Spearman's rho	.414 ***	.078	.268 **
	p-value	< .001	.437	.006
Abandonment/instability	Spearman's rho	.167	.018	.064
	p-value	.093	.854	.521
Mistrust/abuse	Spearman's rho	.280 **	.069	.202 *
	p-value	.004	.494	.042
Social isolation	Spearman's rho	.280 **	.006	.180
	p-value	.004	.955	.071
Defectiveness/shame	Spearman's rho	.292 **	.025	.139
	p-value	.003	.800	.165
Failure	Spearman's rho	.088	-.93	-.060
	p-value	.381	.352	.550
Dependence/incompetence	Spearman's rho	.186	-.048	.059
	p-value	.061	.634	.556
Vulnerability to harm	Spearman's rho	.191	.003	.058
	p-value	.054	.975	.564
Enmeshment/self- undevelopment	Spearman's rho	.077	.040	.145
	p-value	.444	.687	.145
Subjugation	Spearman's rho	.245 *	.009	.206 *
	p-value	.013	.932	.038
Self-sacrifice	Spearman's rho	.241 *	.121	.309 **
	p-value	.015	.227	.002
Emotional inhibition	Spearman's rho	.237 *	.005	.213 *
	p-value	.016	.964	.032
Unrelenting standards	Spearman's rho	.105	-.020	.155
	p-value	.292	.844	.119
Entitlement/grandiosity	Spearman's rho	.229 *	.069	.129
	p-value	.021	.489	.197

continue...

...continuation

		Psychological	Physical	Sexual
Insufficient self-control	Spearman's rho	.135	-.031	.049
	p-value	.177	.754	.622
Approval seeking	Spearman's rho	.044	-.179	-.022
	p-value	.658	.073	.828
Negativity/pessimism	Spearman's rho	.173	.076	.097
	p-value	.081	.448	.331
Punitiveness	Spearman's rho	.072	-.187	.040
	p-value	.469	.059	.692

* p < .05, ** p < .01, *** p < .001

DISCUSSION

The present study aimed to contribute to the understanding of the dynamics of relationships marked by violence by investigating the cognitive aspects that sustain them: EMS. The first objective was to identify which EMS were most prevalent in women who were victims of IPV. Results showed that unrelenting standards, self-sacrifice, abandonment, mistrust/abuse, and negativity were the most prevalent in women with IPV history. It should be noted that both unrelenting standards and self-sacrifice were the most prevalent ones in women without a history of IPV.

Unrelenting standards involve the underlying belief that one must strive to meet high internalized standards of behavior and performance, usually to avoid criticism. It commonly results in feelings of pressure or difficulty slowing down, an overly critical attitude toward oneself and others, and may lead to impairments in enjoyment, relaxation, health, self-esteem, sense of achievement, and fulfilling relationships (Rafaeli et al., 2023). Self-sacrifice is characterized by an excessive focus on voluntarily meeting the needs of others at the expense of one's own gratification (Rafaeli et al., 2023). Both are related to cultural norms that are commonly associated with submissiveness in women (Sulla et al., 2025). Heilman (2012) highlights some traits and adjectives that have become commonly associated with women: concern for others (kind, caring), affiliative tendencies (warm, friendly, cooperative), deference (obedient, respectful), and emotional sensitivity (perceptive, intuitive, understanding). Hence, these EMS seem to be more associated with cultural norms than with intimate partner violence.

When comparing EMS between women with a history of IPV and those without such a history (second objective), it was found that the mean scores for all EMS were higher among women who were victims of IPV, with the differences being statistically significant for the following EMS: emotional deprivation, mistrust/abuse, social isolation, defectiveness/shame (disconnection/rejection domain); dependence/incompetence, vulnerability to harm (impaired autonomy and performance domain); subjugation (other-directedness domain) and emotional inhibition (over vigilance and inhibition domain).

The disconnection/rejection domain is associated with violations of universal basic needs for safety, protection, stability, care, empathy, emotional sharing, acceptance, and respect (Rafaeli et al., 2023). In relationships marked by violence, these needs are commonly neglected. Women victims of IPV identified the romantic relationship as a locus of instability, ambiguities, and insecurity (D'Affonseca & Williams, 2017; Hoepers & Tomanik, 2021).

The EMS within this domain, which were statistically different between the groups mistrust/abuse, involves the expectation that others will harm, abuse, humiliate, deceive, lie, manipulate, or take advantage of them (Rafaeli et al., 2023); Emotional deprivation, which involves the expectation that a normal level of emotional support will not be adequately met by others (Rafaeli et al., 2023); Defectiveness/shame, which is the sense of being flawed, bad, unwanted, inferior, or invalid in important aspects, or of being unlovable to significant others (Rafaeli et al., 2023); and Social Isolation/Alienation, which is associated with the feeling of being isolated from the rest of the world, especially outside of the family, and not feeling part of groups or communities (Rafaeli et al., 2023).

Early maladaptive schemas in adulthood are associated with a history of childhood abuse and neglect (Pilkington et al., 2021), and a history of adverse childhood experiences that increase the likelihood of becoming a victim of intimate partner violence (IPV) in adulthood (Jamison & Saint-Eloi, 2024). Furthermore, experiencing IPV is associated with the development of dysfunctional post-traumatic cognitions about oneself, the world, and with self-blame or self-responsibility for the violence experienced (Ligório et al., 2025). As a result of life histories marked by multiple experiences of rights violations, women may not have developed in contexts that fostered the recognition, validation, and expression of their emotions (Ligório et al., 2025). Consequently, it is common to observe difficulties among women who are victims of IPV when dealing with emotions perceived as uncomfortable, which can lead to impairments in various aspects of their lives. Thus, working on emotional regulation becomes an important focus when supporting these women (Ligório et al., 2025).

Hoepers and Tomanik (2021) described that women victims of IPV often reported feeling fear of their partner, not only as an emotion present during the violent act itself but as one that persists even after the immediate danger has ceased. They also described themselves as lonely, isolated, and depersonalized. The perspective of social and family isolation along with the difficulty of seeking support and reporting the violence are factors that could lead to them feeling trapped, confined, and immobilized in the face of the vulnerability they experienced in these relationships (Hoepers & Tomanik, 2021). Depending on the response that these women receive from formal support networks (e.g., victim protection services) and informal ones (e.g., family, friends) when they actively seek help to deal with IPV, such beliefs may be reinforced, contributing to their persistence in the relationship (Arboit et al., 2019; Baragatti et al., 2019).

Paim and Cardoso (2019) emphasize that many EMS related to this domain are associated with difficulties in establishing affective relationships, with behaviors that reflect challenges in asserting oneself and believing in one's ability to maintain a relationship, often tied to the belief that they are undeserving or that the partner is unstable. The mistrust/abuse of EMS, in turn, typically encompasses the belief that one will always be deceived, humiliated, or manipulated (Rafaeli et al., 2023). It is noteworthy that these perceptions associated with these EMS resemble the consequences experienced by women victims of IPV described in the literature, such as unstable relationships, a lack of emotional satisfaction, and involvement in psychological manipulation. As a consequence, victims with these EMS might reinforce these premises in the establishment of interpersonal cycles resulting from schema-driven maintenance processes.

The impaired autonomy and performance domain is defined as expectations about oneself and the environment that interfere with one's perceived ability to separate, survive, function independently, or perform successfully (Rafaeli et al., 2023). Schemas in this domain that were statistically different from women without a IPV history were: Dependence/Incompetence, the belief that one is incapable of handling everyday responsibilities competently, of taking care of oneself, solving daily problems, or making decisions (Rafaeli et al., 2023) and Vulnerability to Harm and Illness, an exaggerated fear that catastrophe is imminent, could happen at any moment, and cannot be prevented (Rafaeli et al., 2023).

Ligório et al. (2025) describe the consequences of IPV for women, indicating cognitive changes related to impairments in decision-making, memory, attention, and executive functions, effects that may be associated with the chronic stress state that alters various neurobiological systems in the body. In addition, they report a negative self-perception and difficulties in problem-solving (e.g., avoiding thinking about the problem, giving up on resolving it, not recognizing the problem, or adopting relief strategies such as substance use). These cognitive

consequences may be associated with the EMS of dependence/incompetence, and should be the focus of intervention in this population; it is recommended to strengthen the self-confidence and autonomy of women victims of IPV so that they feel capable of dealing with the situations they experience, making decisions, and implementing appropriate problem-solving strategies.

In many situations of IPV, victims may have difficulty identifying antecedent situations that contribute to aggression (Bhona et al., 2020). This scenario can lead to a perception of unpredictability and lack of control over the situation, which may be associated with the EMS of vulnerability to harm. Consequently, interventions must be carried out to help women who are victims of IPV to develop the ability to read their environment in order to identify situations that precede the aggression and thus adopt strategies to minimize the risk of the aggression occurring.

In the domain of other-directedness, schemas indicate deficits in fulfilling the universal basic need for self-direction. These deficits lead individuals to excessively focus on the desires, feelings, and reactions of others at the expense of their own needs, as a way to gain love, approval, maintain a sense of connection and belonging, or avoid retaliation (Rafaeli et al., 2023). People experiencing IPV often adopt behaviors aimed at minimizing violence, such as avoiding certain types of clothing or makeup, distancing themselves from friends and family, and keeping the house tidy, among many other behaviors.

In this domain, the EMS of subjugation showed statistically significant differences between women with and without IPV history. Subjugation involves an excessive surrender of control to others, as the person feels coerced into doing so to avoid conflict, retaliation, or abandonment. They feel that their own desires, opinions, and feelings are not valid or important to others (Rafaeli et al., 2023). Women may perceive violence as something that they must submit to and endure, blaming themselves either for being in the situation or for not being able to escape from it. According to Hoepers and Tomanik (2021), feelings of guilt generally stem from sexist ideas repeatedly presented by their partners within the relational dynamic and reinforced by society at large. Thus, considering the vulnerability of these women who find themselves alone, helpless, and ashamed to disclose their situation due to fear of judgment from family, friends, and professionals for staying in the relationship, many of them end up normalizing the violence and solely blaming themselves for it. Such a scenario highlights the importance of preventive actions aimed at changing social norms regarding IPV (Brazil, 2006; Heise, 2011; WHO, 2012; UN Women Headquarters Office, 2024; UN Women and Social Development Direct, 2020).

The domain of over-vigilance and inhibition includes schemas associated with violations of the needs for spontaneity and play. These circumstances can result in an excessive emphasis on suppressing emotions, impulses, or spontaneous choices, leading to a focus on adhering to rigidly internalized

rules and expectations at the expense of happiness, self-expression, intimate relationships, or health (Rafaeli et al., 2023). In this domain, the schema of emotional inhibition characterized by an excessive inhibition of spontaneous action, feeling, or communication (usually to avoid disapproval from others, feelings of shame, or loss of control over one's impulses (Rafaeli et al., 2023)) may be associated with the victims' symptoms of hopelessness and contribute to the depressive symptoms commonly exhibited by them (Clemente-Teixeira et al., 2022; Iverson et al., 2013; Karakurt et al., 2014).

The third objective sought to analyze the correlation between EMS and types of violence (physical, psychological, and sexual). Physical violence was not correlated with any EMS. Psychological violence showed significant, positive, and weak correlations with mistrust/abuse, social isolation, defectiveness/shame, subjugation, self-sacrifice, emotional inhibition, and entitlement/grandiosity; and moderated correlations to emotional deprivation. Moreover, sexual violence showed positive and weak correlations with emotional deprivation, mistrust/abuse, subjugation and self-sacrifice, and emotional inhibition. Some of these correlations were also observed in previous studies: mistrust/abuse (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018; Pilkington et al., 2021); emotional deprivation (Algarves, 2018; Oliveira, 2018); subjugation (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018); self-sacrifice (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018); and emotional inhibition (Algarves, 2018; Barbosa et al., 2019).

Most Brazilian studies that have sought to identify the relationship between early maladaptive schemas and IPV were conducted with women who sought programs for IPV victims (Algarves, 2018; Barbosa et al., 2019; Oliveira, 2018). In contrast, the present study aimed to collect data from the general population, meaning those who may or may not have reported or sought out formal support for IPV, and compared EMS of women with and without a history of IPV. However, the participant recruitment and data collection method, which was exclusively online, may have contributed to the composition of a sample of women who were predominantly white, heterosexual, with high levels of education and income. Despite this limitation, it was noted that more than half of the individuals interested in participating in the study had experienced IPV (from 113 women who answered the online form, 65 (57,5%) reported some IPV situation).

It should be noted that no information was collected regarding the time between the IPV episode and data collection. Future studies could analyze whether the closeness of the IPV episode affects the frequency of EMS that would be activated and correlated to IPV.

CONCLUSION

The present study aimed to contribute to the field of intimate partner violence prevention by analyzing cognitive

aspects, specifically the EMS, that may contribute to its maintenance, since there is a strong emphasis on the need to better understand the factors that can make individuals vulnerable and contribute to keeping victims in these abusive relational dynamics. A thorough understanding of the role of EMS in IPV victimization might underpin prevention and intervention efforts to break the cycle of violence. Results showed that unrelenting standards, self-sacrifice, abandonment, mistrust/abuse, and negativity were the most prevalent in women with IPV history. However, unrelenting standards and self-sacrifice were the most prevalent ones in women without a history of IPV. One possible hypothesis is that it can be attributed to cultural norms that associate women with submissiveness and caring for others.

Women with a history of IPV had higher mean scores for all EMS when compared with women without such a history. These differences were statistically significant for emotional deprivation, mistrust/abuse, social isolation, defectiveness/shame, dependence/incompetence, vulnerability to harm, entitlement/grandiosity, subjugation, and emotional inhibition. This finding reinforces the need to work on emotional regulation, strengthening the support network, increasing self-confidence, self-efficacy, and autonomy; developing or improving decision-making and problem-solving skills; and promoting the identification of antecedent situations to implement effective safety behaviors. Moreover, data seem to indicate the relevance of actions aimed at questioning and modifying gender social norms, which may contribute to keeping women in violent relationships.

Some correlations observed in the present study were also observed in previous ones, such as mistrust/abuse, emotional deprivation, subjugation, self-sacrifice, and emotional inhibition. Such correlations were positive and ranged from weak to moderate, strengthening the field by indicating EMS that should be the focus of interventions for the prevention and response to IPV. However, it must be noted that EMS are not predictive factors of IPV. This is a social phenomenon maintained by factors presented in different cultural and social systems.

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