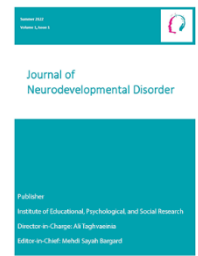




Article history:  
Received 05 November 2025  
Revised 28 February 2026  
Accepted 04 March 2026  
Published online 01 April 2026

# Iranian Journal of Neurodevelopmental Disorders

Volume 5, Issue 2, pp 1-13



E-ISSN: 2980-9681

## Prediction of Parenting Styles Based on Childhood Trauma and Early Maladaptive Schemas in Married University Students

Elham. Izadi<sup>1\*</sup>, Reza. Khakpour<sup>2</sup>

<sup>1</sup> M.A., Department of Medical Education, Roudehen Branch, Islamic Azad University, Roudehen, Iran

<sup>2</sup> Department of Counseling, Ro.C., Islamic Azad University, Roudehen, Iran

\* Corresponding author email address: elhamizadii@gmail.com

### Article Info

#### Article type:

Original Research

#### How to cite this article:

Izadi, E., & Khakpour, R. (2026). Prediction of Parenting Styles Based on Childhood Trauma and Early Maladaptive Schemas in Married University Students. *Iranian Journal of Neurodevelopmental Disorders*, 5(2), 1-13.

<https://doi.org/10.61838/kman.jndd.767>



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### ABSTRACT

**Purpose:** The aim of the present study was to predict parenting styles based on childhood trauma and early maladaptive schemas in married university students. This study was conducted to contribute to the promotion of healthy parent-child relationships and to improve the overall well-being of married students and their children.

**Methods and Materials:** In terms of purpose, this research was applied, and in terms of method, it was a descriptive-correlational study with a predictive approach. The statistical population consisted of all married students of the Islamic Azad University, Roudehen Branch in the second semester of the 2023-2024 academic year (approximately 1500 individuals), from whom 270 participants were selected through convenience and voluntary sampling. The research instruments included the Baumrind Parenting Styles Questionnaire, the Childhood Trauma Questionnaire (CTQ), and the Young Early Maladaptive Schemas Questionnaire (Short Form). Data were analyzed using descriptive statistics and simple linear regression analysis in SPSS version 25.

**Findings:** In the analysis of 270 married students, correlational results indicated that childhood trauma had a negative relationship with permissive parenting style ( $r = -0.44, p < 0.01$ ) and authoritative parenting style ( $r = -0.33, p < 0.01$ ), and a strong positive relationship with authoritarian parenting style ( $r = 0.77, p < 0.01$ ). Furthermore, most domains of early maladaptive schemas showed significant relationships with parenting styles, including disconnection and rejection ( $r = -0.47$  to  $-0.61$ ) and over-vigilance/inhibition ( $r = -0.62$  to  $0.66$ ). Linear regression results also showed that childhood trauma predicted only authoritative parenting style ( $\beta = -0.20, p < 0.01$ ) and authoritarian parenting style ( $\beta = 0.536, p < 0.001$ ). Among schema domains, disconnection and rejection ( $\beta = -0.36, p < 0.001$ ) and over-vigilance/inhibition ( $\beta = -0.49, p < 0.001$ ) predicted permissive parenting style. Additionally, four main domains—disconnection and rejection, impaired autonomy and performance, impaired limits, and over-vigilance/inhibition—predicted a decrease in authoritative parenting style ( $\beta = -0.23$  to  $-0.44$ ). Moreover, impaired

autonomy and performance ( $\beta = 0.18$ ), impaired limits ( $\beta = 0.53$ ), other-directedness ( $\beta = 0.15$ ), and over-vigilance/inhibition ( $\beta = 0.25$ ) predicted an increase in authoritarian parenting style. The largest effect size was related to the role of impaired limits in predicting authoritarian parenting style ( $\eta^2 = 0.28$ ).

**Conclusion:** The findings of the study indicate that adverse childhood experiences and the development of early maladaptive schemas can play a significant role in shaping parenting patterns in adulthood. Paying attention to these factors in educational programs and psychological interventions can contribute to improving parenting styles, enhancing parent-child relationships, and increasing the psychological well-being of families.

**Keywords:** Parenting styles, childhood trauma, early maladaptive schemas, married students, parent-child relationships

## 1. Introduction

Parenting style is one of the most influential psychological and relational constructs in developmental and family psychology, because it represents the relatively stable pattern through which parents regulate, guide, support, discipline, and emotionally respond to their children. Parenting is not limited to isolated behaviors; rather, it reflects an integrated relational climate in which children experience authority, warmth, autonomy, control, responsiveness, and discipline. Baumrind's classical model remains one of the most widely used frameworks for conceptualizing parenting styles. In this model, parenting styles are generally classified into permissive, authoritarian, and authoritative patterns, each of which reflects a different combination of parental control, emotional responsiveness, and expectations for child behavior (Baumrind, 1972, 1978, 1983). Authoritative parenting is typically characterized by warmth, rational discipline, responsiveness, and clear behavioral expectations, whereas authoritarian parenting is marked by rigid control, low emotional responsiveness, and emphasis on obedience. Permissive parenting, in contrast, involves high tolerance and low behavioral control, often accompanied by limited structure and inconsistent discipline. These parenting patterns have important implications for children's socioemotional competence, self-regulation, psychological adjustment, and later interpersonal functioning (Baumrind, 1978, 1983).

The significance of parenting style becomes even more complex when examined among married university students, because this group often faces simultaneous academic, marital, economic, and family-related responsibilities. Married students may be at a developmental stage in which they are consolidating adult identity, managing intimate relationships, pursuing academic goals, and, in many cases, raising children or preparing for parenthood. Student parents frequently encounter basic needs insecurity, role overload,

financial stress, time pressure, and difficulties balancing educational and caregiving responsibilities (Goldrick-Rab et al., 2020). These pressures may influence parenting behavior directly through stress and indirectly through activation of earlier emotional vulnerabilities. Therefore, studying the psychological predictors of parenting styles among married students can help clarify how earlier developmental experiences and enduring cognitive-emotional patterns shape parenting in adulthood.

One of the most important developmental factors that may influence later parenting is childhood trauma. Childhood trauma refers to exposure to adverse experiences such as emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. These experiences can disrupt psychological development, affect emotion regulation, alter interpersonal expectations, and increase vulnerability to maladaptive behavioral patterns in adulthood. The Childhood Trauma Questionnaire developed by Bernstein and colleagues provides a structured method for assessing these forms of childhood maltreatment and has been widely used in psychological research (Bernstein et al., 2003). Research has shown that childhood trauma is not only associated with immediate psychological distress but also has long-term consequences for adult behavior, identity formation, relational functioning, and emotional well-being (Downey & Crummy, 2022; Dye, 2018). These long-term effects are especially relevant in parenting, because unresolved childhood trauma may influence how adults interpret children's behavior, respond to emotional demands, manage discipline, and tolerate relational stress.

The intergenerational transmission of maltreatment and dysfunctional parenting has become a central concern in contemporary developmental psychopathology. Adults who experienced abuse or neglect in childhood may be more likely to struggle with emotional regulation, attachment insecurity, harsh discipline, emotional withdrawal, or inconsistent parenting. Systematic evidence suggests that



childhood maltreatment can influence later parenting practices among adult survivors, although this relationship is shaped by multiple psychological, relational, and contextual factors (Greene et al., 2020). Similarly, studies on the intergenerational transmission of child abuse and neglect indicate that maltreatment type, perpetrator characteristics, and substantiation status may affect the likelihood and form of transmission across generations (Bartlett et al., 2017). Additional evidence also supports the possibility that childhood maltreatment may be transmitted across generations through psychological vulnerability, relational dysfunction, and maladaptive caregiving patterns (Lakhdar et al., 2019). Therefore, childhood trauma should be considered an important predictor of adult parenting style, particularly when parenting is examined as a relational behavior shaped by earlier developmental experiences.

A key mechanism through which childhood trauma may influence parenting is the formation of early maladaptive schemas. Early maladaptive schemas are deep, pervasive, and self-defeating cognitive-emotional patterns that develop during childhood or adolescence and continue to influence perception, emotion, interpersonal behavior, and coping strategies in adulthood. Schema therapy theory proposes that these schemas often emerge when core emotional needs are not adequately met in childhood, particularly in contexts involving neglect, rejection, abuse, overprotection, excessive criticism, or inconsistent caregiving. Bach and colleagues provided a renewed organization of the schema therapy model and emphasized the central role of early maladaptive schemas in linking early adverse experiences to later psychological and interpersonal difficulties (Bach et al., 2018). These schemas are commonly organized into domains such as disconnection/rejection, impaired autonomy/performance, impaired limits, other-directedness, and overvigilance/inhibition. Each domain reflects a distinct pattern of emotional need frustration and may shape adult parenting in specific ways.

The domain of disconnection and rejection may lead adults to expect abandonment, mistrust, emotional deprivation, or defectiveness in close relationships. In parenting, this domain may reduce emotional availability, impair secure bonding, or increase sensitivity to rejection by the child. Impaired autonomy and performance may contribute to anxiety, dependency, fear of failure, or difficulty encouraging autonomy in children. Impaired limits may be associated with problems in self-control, entitlement, and difficulty establishing consistent boundaries. Other-directedness may lead parents to prioritize external approval

or others' needs over authentic emotional responsiveness. Overvigilance and inhibition may increase rigidity, emotional suppression, perfectionism, and harsh discipline. These schema patterns may therefore influence whether adults adopt authoritative, authoritarian, or permissive parenting approaches. The relevance of these schema domains to interpersonal difficulties has been supported by meta-analytic evidence showing strong associations between early maladaptive schemas and interpersonal problems (Janovsky et al., 2020). Because parenting is one of the most emotionally demanding interpersonal roles, schemas may become particularly active in parent-child interactions.

Empirical research has increasingly demonstrated links among childhood trauma, early maladaptive schemas, and adult relational functioning. Studies have shown that childhood trauma is associated with stronger maladaptive schemas and that these schemas may mediate the association between childhood abuse and later psychological outcomes, including forgiveness and interpersonal functioning (Fathi et al., 2025). In clinical populations, early maladaptive schemas have also been linked to childhood trauma, suggesting that adverse developmental experiences may contribute to enduring schema patterns in adulthood (Korkmaz et al., 2024). Moreover, recent research on adverse childhood experiences and schema modes highlights the importance of parental roles and parental gender in shaping schema-related outcomes, indicating that the developmental source of trauma may influence the specific cognitive-emotional patterns that emerge later in life (Nematzadeh et al., 2026). These findings support the assumption that childhood trauma and early maladaptive schemas are interconnected predictors of adult relational and parenting behavior.

Parenting itself may also play a major role in the development of early maladaptive schemas. Experiences of overprotective parenting, excessive control, rejection, emotional unavailability, and inconsistent caregiving have been associated with schema formation across adolescence and adulthood (Bruysters & Pilkington, 2023). Parenting style has also been shown to differentiate individuals in clinical and nonclinical populations when considered alongside early maladaptive schemas and attachment patterns (Emami et al., 2024). This creates a reciprocal developmental framework: parenting practices in one generation may contribute to maladaptive schemas in children, and those schemas may later influence the parenting styles adopted by those children when they become adults. Therefore, the study of parenting styles

among married students should not be separated from their histories of childhood trauma and schema development.

The family environment remains a central context for personality development, child life satisfaction, emotional security, and psychosocial adjustment. Interactions between family environment and personality can predict children's life satisfaction, suggesting that family processes and individual psychological characteristics jointly shape developmental outcomes (Leto et al., 2021). Parent–youth intimacy also functions as a protective factor for adolescent adjustment problems, especially when emotional closeness is established at developmentally meaningful periods (Hochgraf et al., 2021). These findings reinforce the importance of adaptive parenting styles, particularly those that combine warmth, structure, and emotional responsiveness. In contrast, when parents carry unresolved trauma or maladaptive schemas, they may have difficulty providing consistent emotional attunement and rational authority, thereby increasing the likelihood of authoritarian or otherwise maladaptive parenting patterns.

Research on parent–child relationships further demonstrates that parenting behavior is influenced by multiple psychological and contextual factors. Studies on parent–child relationships among working adults, such as nurses, show that occupational demands, emotional strain, and family-related pressures can affect parent–child relational quality (Huang et al., 2023). Although the present study focuses on married university students rather than employed nurses, both groups may experience role conflict and stress that influence family functioning. Married students, in particular, may experience academic demands and family responsibilities simultaneously, which can intensify the effect of unresolved childhood trauma and maladaptive schemas on parenting. Consequently, examining this population can provide useful insight into how psychological vulnerability operates under conditions of role complexity.

Marital and intimate relationships are also relevant to parenting because parenting does not occur in isolation from the broader family system. Early maladaptive schemas have been associated with intimate partner conflict, marital satisfaction, and dyadic functioning (Goytil et al., 2022; Mazzoni et al., 2023). When schemas such as mistrust, emotional deprivation, dependence, defectiveness, or unrelenting standards are activated in marital relationships, they may contribute to conflict, emotional distance, or reduced cooperation between partners. These relational difficulties can spill over into parenting by reducing

patience, emotional availability, and consistency in child-rearing practices. Studies have also shown that temperament and parenting styles are related to the intensity of early maladaptive schemas, indicating that schema development and parenting dynamics are deeply intertwined across individual and family levels (Macik, 2021). Thus, early maladaptive schemas may influence parenting both directly and indirectly through marital functioning and emotional regulation.

From a psychobiological perspective, childhood trauma can produce long-lasting alterations in stress-response systems that may affect adult behavior. Research has shown that childhood trauma is associated with dysregulation across multiple biological stress systems in adulthood (Kuzminskaite et al., 2020). Such dysregulation may reduce tolerance for stress, increase emotional reactivity, and impair reflective functioning in emotionally demanding situations. Parenting often requires sustained regulation of frustration, empathy, behavioral control, and emotional responsiveness. Therefore, adults with a history of trauma may be more vulnerable to authoritarian reactions, harsh discipline, emotional withdrawal, or inconsistent control when facing parenting stress. These processes may help explain why childhood trauma can predict less adaptive parenting styles.

A growing body of systematic evidence has also emphasized the relationship between maternal childhood adversity and later negative parenting. A systematic review showed that mothers with histories of childhood adversity may be at increased risk for negative parenting behaviors, although protective factors and contextual supports can moderate this association (Lotto et al., 2023). This finding is important for the present study because the sample includes married students, many of whom may be current or future parents. Understanding how adverse childhood experiences and maladaptive schemas predict parenting styles can guide preventive interventions before maladaptive parenting patterns become entrenched. It can also help psychologists, counselors, and university-based mental health professionals identify students who may benefit from schema-focused psychoeducation, trauma-informed counseling, and parenting skills training.

Measurement of the constructs in this study is grounded in established instruments. Baumrind's parenting styles scale has been widely used to assess permissive, authoritarian, and authoritative parenting patterns, with later studies supporting its relevance in examining parental authority and child-rearing approaches (Baumrind, 1983; Esfandiari, 1995). The Childhood Trauma Questionnaire is

a validated measure for assessing multiple forms of childhood maltreatment (Bernstein et al., 2003), and it has also been used in Iranian research contexts, including comparative studies of childhood trauma among clinical and healthy groups (Soltani et al., 2017). The Young Schema Questionnaire and its short form have been applied to assess early maladaptive schemas, and Iranian research has supported its reliability and relevance in studies of couples and marital intimacy (Zolfaghari et al., 2008). Together, these instruments allow for an integrated assessment of parenting styles, childhood trauma, and early maladaptive schemas in a married student population.

Despite the broad literature on childhood trauma, schemas, and parenting, several gaps remain. First, many studies examine childhood trauma and parenting separately, without integrating early maladaptive schemas as cognitive-emotional predictors of parenting styles. Second, most research on parenting focuses on parents in the general population, mothers, clinical groups, or families with children, while married university students remain underexamined. Third, the simultaneous predictive role of childhood trauma and different schema domains in explaining permissive, authoritarian, and authoritative parenting styles requires further empirical clarification. Finally, in cultural and educational contexts where married students may experience overlapping academic, marital, and family responsibilities, identifying psychological predictors of parenting style has practical relevance for counseling, preventive mental health programs, and family education interventions.

Accordingly, the present study aimed to predict parenting styles based on childhood trauma and early maladaptive schemas among married university students.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study was applied in terms of purpose and descriptive–correlational with a predictive approach in terms of methodology. The unit of analysis in this study was the individual (married student). The statistical population included all married students of the Islamic Azad University, Roudehen Branch during the second semester of the 2023–2024 academic year, estimated at approximately 1500 individuals. The sample size was calculated as 270 participants using Cochran's formula; however, due to access limitations, sampling was conducted through convenience and voluntary methods. Inclusion criteria

consisted of being aged 18 to 38 years, having at least six months of marital experience, and willingness to participate in the study. The only exclusion criterion was incomplete questionnaires or the presence of significant outlier data; accordingly, questionnaires with more than 10% missing data or those demonstrating invalid response patterns were excluded.

During the data collection phase, after obtaining the necessary permissions from the university, the researcher identified eligible students by visiting faculties and coordinating with academic administrators. Questionnaires were administered in quiet university environments, including classrooms during non-instructional times, the library, and study areas, to provide appropriate and disturbance-free conditions for responding. Prior to distributing the questionnaires, the objectives of the study, confidentiality of information, anonymity of responses, and the right to withdraw at any stage were explained to participants, and informed consent was obtained.

Participants completed the questionnaires individually and were instructed to carefully read and respond to each item. To prevent rushed or pressured responses, participants were assured that there were no right or wrong answers and that only their genuine opinions were important. Additionally, the research setting was selected to minimize distracting factors. The average time required to complete the questionnaires was approximately 20 to 25 minutes. The researcher remained present throughout the data collection process to provide clarification if needed and to ensure that questionnaires were completed properly. After data collection, incomplete questionnaires or those with invalid response patterns were removed, and valid data were prepared for statistical analysis.

To reduce the likelihood of common method bias resulting from the use of self-report instruments, several preventive measures were implemented during the data collection process. First, participants were assured that their responses were completely confidential and anonymous and would have no personal or academic consequences; this typically reduces socially desirable or defensive responding. Second, it was emphasized that there were no correct or incorrect answers and that only individuals' real perceptions and experiences were important. Third, the order of questionnaire and subscale presentation was systematically controlled to prevent uniform or mechanical response patterns. Additionally, the research environment was kept calm and free of distractions to ensure adequate concentration. To empirically assess the presence or absence

of common method bias, Harman's single-factor test was conducted. The results of exploratory factor analysis indicated that the first factor accounted for less than 50% of the total variance (in the present study: ...%), suggesting no serious issue of common method bias. Therefore, the data of this study can be considered reasonably free from common method bias.

## 2.2. Measures

**Baumrind Parenting Styles Scale (1973):** This instrument is derived from the theory of parental authority and was developed based on Baumrind's framework to assess patterns of parental influence and child-rearing practices, including permissive, authoritarian, and authoritative styles. The original form consists of 30 items developed by Diana Baumrind (1973), with 10 items assigned to each parenting style. The scale is scored on a five-point Likert continuum, where "strongly disagree" receives a score of 1 and "strongly agree" receives a score of 5. The parenting styles scale has demonstrated satisfactory face validity (Baumrind, 1983). Baumrind (1983) also reported that paternal authoritarianism was negatively correlated with permissiveness ( $r = -0.52$ ) and authoritative style ( $r = -0.50$ ). Esfandiari (1995) reported test-retest reliability coefficients of 0.69 for permissiveness, 0.77 for authoritarianism, and 0.73 for authoritative style. In the present study, the reliability of this questionnaire was assessed using Cronbach's alpha, yielding a coefficient of 0.81.

**Childhood Trauma Questionnaire (CTQ):** This questionnaire was developed by Bernstein et al. (2003) to assess childhood trauma and maltreatment. It was initially designed in 1994, with a 54-item version introduced in 1995, and a final 34-item version developed in 1998. The short form, introduced in 2003, consists of 28 items. Of these, 25 items assess the main components of the questionnaire, while 3 items are used to detect denial or minimization of childhood problems. Before scoring, items 2, 5, 7, 13, 19, 26, and 28 are reverse-scored. Higher scores indicate greater trauma or adversity, while lower scores indicate less childhood trauma. Scores for each subscale range from 5 to 25, and the total score ranges from 25 to 125. Items 10, 16, and 22 assess validity (denial of childhood problems); if the sum of these items exceeds 12, responses are likely invalid. Subscale scoring is as follows: emotional abuse (items 3, 8, 14, 18, 25), physical abuse (items 9, 11, 12, 15, 17), sexual abuse (items 20, 21, 23, 24, 27), emotional neglect (items 5,

7, 13, 19, 28), and physical neglect (items 1, 2, 4, 6, 26). Bernstein et al. (2003) reported Cronbach's alpha coefficients of 0.87, 0.86, 0.95, 0.89, and 0.78 for emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, respectively, in an adolescent sample. Domestic studies, including Soltani et al. (2017), have also confirmed the reliability and validity of this questionnaire. In the present study, Cronbach's alpha was calculated as 0.79.

**Young Early Maladaptive Schemas Questionnaire (Short Form):** The short form of Young's Early Maladaptive Schemas Questionnaire is a self-report instrument used to assess cognitive and emotional schemas. Respondents rate themselves on a six-point Likert scale based on each statement. Items are grouped according to schemas. Both long and short forms exist; the long form includes 205 items assessing 18 schemas and is typically preferred in clinical settings due to its comprehensiveness. The short form contains 75 items selected from the long form based on their highest factor loadings and is commonly used in research due to its efficiency. In the short form, a two-letter code following each set of five items indicates the corresponding schema, although schema names are not explicitly mentioned. Each schema consists of five items. Responses range from "completely true" to "completely false," scored from 1 to 6. The total score ranges from 75 to 450. Domain scores are calculated as follows: the first domain (items 1–25) has a maximum score of 150; the second domain (items 26–45) ranges from 20 to 120; the third domain (items 66–75) ranges from 10 to 60; the fourth domain (items 46–55) ranges from 10 to 60; and the fifth domain (items 56–65) ranges from 10 to 60. Clinically, obtaining three or four high scores (5 or 6) within a schema suggests the presence of that schema. The first comprehensive psychometric study of this questionnaire was conducted by Smith, Joiner, Young, and Telch (1995), reporting Cronbach's alpha coefficients ranging from 0.50 to 0.82 for subscales in a non-clinical population. Zolfaghari et al. (2008) administered the short form to 70 couples and reported an overall internal consistency of 0.94, with domain-specific coefficients as follows: disconnection and rejection (0.91), impaired autonomy and performance (0.90), impaired limits (0.73), other-directedness (0.67), and over-vigilance/inhibition (0.78). In the present study, Cronbach's alpha was calculated as 0.80.

### 2.3. Data Analysis

Descriptive and inferential statistics were used for data analysis. In the descriptive section, indices such as frequency, percentage, mean, and standard deviation were calculated. In the inferential section, simple linear regression analysis was employed to examine the predictive power of variables. Prior to conducting regression analyses, statistical assumptions—including normality of data distribution, linearity of relationships, independence of errors (using the Durbin–Watson statistic), and absence of multicollinearity—were assessed. All analyses were performed using SPSS version 25, and the significance level for tests was set at 0.05.

**Table 1**

*Descriptive Statistics of the Main Research Variables*

Variable	Subscale	Min	Max	Mean	SD	Skewness	Kurtosis
Parenting Styles	Permissive	21	44	29.41	4.74	0.748	0.787
	Authoritarian	21	42	30.12	4.35	0.022	-0.135
	Authoritative	17	39	29.64	6.27	-0.064	-1.012
Childhood Trauma	Emotional Abuse	8	19	14.71	2.83	-0.278	-0.611
	Physical Abuse	10	19	15.11	2.41	-0.177	-0.258
	Sexual Abuse	8	20	17.84	2.74	-0.343	-0.431
	Emotional Neglect	10	19	14.57	2.42	0.002	-0.632
	Physical Neglect	5	19	13.48	3.11	-0.282	-0.201
	Total Childhood Trauma	48	91	72.72	10.44	-0.489	-0.108
Early Maladaptive Schemas	Disconnection/Rejection	52	89	74.39	9.88	-0.900	0.029
	Impaired Autonomy/Performance	42	75	61.31	8.23	-0.928	0.360
	Impaired Limits	17	39	30.41	5.44	-0.419	-0.222
	Other-Directedness	17	40	30.08	4.98	-0.296	-0.111
	Overvigilance/Inhibition	17	39	30.57	5.27	-0.331	-0.219

Based on Table 1, the mean scores for parenting styles were 29.41 for permissive, 30.12 for authoritarian, and 29.64 for authoritative styles, indicating that the authoritarian parenting style had the highest mean among the three. The results also showed that the mean childhood trauma score was 72.72 (SD = 10.44), suggesting that the average level of childhood trauma among students was below the midpoint. Furthermore, among early maladaptive schema domains,

### 3. Findings and Results

In the descriptive section, the demographic characteristics of 270 married students were examined. The majority of participants were female (62.6%), while males constituted 37.4% of the sample. The highest age distribution was observed in the 33–38 age group (56.3%), with other age groups including 18–23 years (11.1%), 23–28 years (12.6%), and 28–33 years (20%). Additionally, 60.4% of participants were undergraduate students and 39.6% were enrolled in master’s programs. Subsequently, descriptive indices of the main variables, including mean, standard deviation, skewness, and kurtosis, were reported, all of which fell within an acceptable range of normality.

disconnection/rejection (M = 74.39), impaired autonomy/performance (M = 61.31), impaired limits (M = 30.41), other-directedness (M = 30.08), and overvigilance/inhibition (M = 30.57) were observed, indicating that only the impaired autonomy/performance domain was above average, while the other domains were at or below average levels.

**Table 2**

*Correlation Matrix Among Research Variables*

Variables	1	2	3	4	5	6	7	8	9
1. Permissive	1								
2. Authoritative	.759**	1							
3. Authoritarian	-.521**	-.286**	1						
4. Total Childhood Trauma	-.449**	-.328**	.775**	1					

5. Disconnection/Rejection	-.473**	-.614**	.084	.117	1				
6. Impaired Autonomy/Performance	-.471**	-.611**	.164**	.329**	.690**	1			
7. Impaired Limits	-.373**	-.132*	.728**	.520**	.225**	.208**	1		
8. Other-Directedness	-.446**	-.173**	.680**	.656**	.111	.202**	.554**	1	
9. Overvigilance/Inhibition	-.618**	-.360**	.660**	.616**	.115	.259**	.497**	.583**	1

\*\*p < .01; \*p < .05.

The results of Table 2 indicated that Pearson correlation analysis showed significant relationships between parenting styles, childhood trauma, and domains of early maladaptive schemas. The permissive parenting style was negatively correlated with childhood trauma ( $r = -.44, p < .01$ ) and schema domains including disconnection/rejection ( $r = -.47, p < .01$ ), impaired autonomy/performance ( $r = -.47, p < .01$ ), impaired limits ( $r = -.37, p < .01$ ), other-directedness ( $r = -.45, p < .01$ ), and overvigilance/inhibition ( $r = -.62, p < .01$ ). The authoritative parenting style was also negatively correlated with childhood trauma ( $r = -.33, p < .01$ ) and several schema domains, including disconnection/rejection

( $r = -.61, p < .01$ ) and impaired autonomy/performance ( $r = -.61, p < .01$ ). In contrast, the authoritarian parenting style showed positive correlations with childhood trauma ( $r = .77, p < .01$ ), impaired limits ( $r = .73, p < .01$ ), other-directedness ( $r = .68, p < .01$ ), and overvigilance/inhibition ( $r = .66, p < .01$ ), although its relationship with disconnection/rejection was not significant ( $p > .05$ ). These findings suggest that increased childhood trauma and stronger early maladaptive schemas are associated with reduced adaptive parenting styles (permissive and authoritative) and increased authoritarian parenting. The large effect sizes may be attributable to the self-report nature of the instruments.

**Table 3**

*Linear Regression Results for Predicting Parenting Styles Based on Childhood Trauma and Early Maladaptive Schema Domains in Married Students*

Predictor	Parenting Style	$\beta$	t	p	R <sup>2</sup>	Adj. R <sup>2</sup>	F	$\eta^2$
Childhood Trauma	Permissive	-0.04	-0.47	.63	.001	.000	0.22	.001
	Authoritative	-0.20	-3.26	.001	.039	.035	10.61	.039
	Authoritarian	0.536	10.30	.000	.287	.284	106.04	.287
Disconnection/Rejection	Permissive	-0.36	-6.16	.000	.126	.123	38.04	.126
	Authoritative	-0.44	-7.85	.000	.190	.187	61.57	.190
	Authoritarian	0.01	0.11	.91	.000	.000	0.01	.000
Impaired Autonomy/Performance	Permissive	-0.11	-1.10	.27	.005	.002	1.22	.005
	Authoritative	-0.20	-3.35	.001	.041	.038	11.24	.041
	Authoritarian	0.18	3.02	.003	.034	.031	9.16	.034
Impaired Limits	Permissive	0.07	0.86	.39	.003	.000	0.75	.003
	Authoritative	-0.23	-3.85	.000	.053	.049	14.79	.053
	Authoritarian	0.53	10.24	.000	.285	.282	104.92	.285
Other-Directedness	Permissive	-0.17	-1.77	.077	.012	.009	3.14	.012
	Authoritative	-0.11	-1.87	.062	.013	.010	3.50	.013
	Authoritarian	0.15	2.94	.013	.023	.020	6.22	.023
Overvigilance/Inhibition	Permissive	-0.49	-9.00	.000	.236	.233	81.10	.236
	Authoritative	-0.30	-5.18	.000	.093	.090	26.83	.093
	Authoritarian	0.25	4.26	.000	.066	.063	18.62	.066

As shown in Table 3, linear regression analysis was conducted to examine the predictive role of childhood trauma and early maladaptive schema domains in parenting styles. Prior to analysis, assumptions of normality, independence of errors, linearity, and absence of multicollinearity were confirmed. The results indicated that

childhood trauma significantly predicted authoritative parenting style ( $\beta = -0.198, p < .01$ ) and authoritarian parenting style ( $\beta = 0.536, p < .001$ ), but did not significantly predict permissive parenting style ( $p > .05$ ). Among schema domains, disconnection/rejection and overvigilance/inhibition were significant negative predictors

of permissive parenting style. Additionally, four domains—disconnection/rejection, impaired autonomy/performance, impaired limits, and overvigilance/inhibition—significantly predicted a decrease in authoritative parenting style. Finally, impaired autonomy/performance, impaired limits, other-directedness, and overvigilance/inhibition were positive predictors of authoritarian parenting style. The largest observed effect size was related to impaired limits in predicting authoritarian parenting style ( $\eta^2 = .28$ ), indicating a substantial contribution of this domain to explaining parenting behavior.

#### 4. Discussion and Conclusion

The findings of the present study showed that childhood trauma and early maladaptive schemas were significantly associated with parenting styles among married university students. In the correlational results, childhood trauma had negative relationships with permissive and authoritative parenting styles and a strong positive relationship with authoritarian parenting. This pattern suggests that students who reported more adverse childhood experiences were less likely to endorse parenting patterns characterized by flexibility, emotional responsiveness, and rational authority, and more likely to report rigid, controlling, and coercive parenting tendencies. This finding is consistent with trauma-based models of adult functioning, which indicate that childhood abuse and neglect can create long-term disturbances in emotion regulation, interpersonal trust, self-perception, and behavioral control (Downey & Crummy, 2022; Dye, 2018). In parenting contexts, these disturbances may become especially visible because parent-child interactions require patience, reflective functioning, emotional availability, and the ability to regulate frustration. The strong association between childhood trauma and authoritarian parenting also aligns with evidence on the intergenerational transmission of maltreatment, suggesting that adults who experienced harmful caregiving environments may be more vulnerable to reproducing harsh or controlling interactional patterns unless protective factors intervene (Bartlett et al., 2017; Greene et al., 2020; Lakhdir et al., 2019).

The regression findings further indicated that childhood trauma significantly predicted authoritative parenting in a negative direction and authoritarian parenting in a positive direction, but did not significantly predict permissive parenting. This means that traumatic childhood experiences may primarily reduce balanced and rational parenting while

increasing authoritarian tendencies. The absence of a significant predictive effect for permissive parenting may suggest that permissiveness is shaped by other factors, such as personality, marital dynamics, current stress, parenting knowledge, or cultural expectations. This finding can be understood in light of Baumrind's model, in which authoritative parenting requires both warmth and firm rational control, whereas authoritarian parenting reflects high control with low responsiveness (Baumrind, 1972, 1978, 1983). Childhood trauma may impair the emotional and cognitive capacities needed for authoritative parenting, such as empathy, secure attachment, and flexible discipline, while increasing hypervigilance, threat perception, and punitive responses. Biological evidence also supports this interpretation, as childhood trauma has been linked to dysregulation of multiple stress-response systems in adulthood, which may make calm and reflective parenting more difficult under pressure (Kuzminskaite et al., 2020).

The findings also showed that most domains of early maladaptive schemas had significant relationships with parenting styles. Disconnection/rejection, impaired autonomy/performance, impaired limits, other-directedness, and overvigilance/inhibition were generally associated with lower adaptive parenting and higher authoritarian tendencies. This result supports schema therapy theory, which conceptualizes early maladaptive schemas as enduring cognitive-emotional structures formed through unmet childhood needs and activated in later interpersonal contexts (Bach et al., 2018). Parenting is a highly schema-activating role because it involves dependency, authority, emotional closeness, boundary-setting, and responsibility. Therefore, individuals with strong maladaptive schemas may interpret children's behaviors through distorted expectations, such as mistrust, defectiveness, failure, threat, emotional deprivation, or excessive responsibility. The observed associations are also consistent with meta-analytic findings showing that early maladaptive schemas are strongly linked to interpersonal problems (Janovsky et al., 2020). Since parenting is one of the most demanding interpersonal roles, schema-driven difficulties may directly influence parental responsiveness, control, emotional expression, and disciplinary strategies.

Among the schema domains, disconnection/rejection and overvigilance/inhibition were significant negative predictors of permissive parenting. This finding suggests that individuals who expect rejection, mistrust, emotional deprivation, or who maintain rigid control and emotional inhibition may be less likely to adopt a permissive style.

Although permissive parenting is not generally considered the most adaptive pattern, it includes lower strictness and greater tolerance; therefore, high levels of rejection sensitivity or vigilance may reduce the tendency toward leniency. Individuals with disconnection/rejection schemas may experience emotional closeness as unsafe or unstable, while those with overvigilance/inhibition schemas may prioritize control, rule adherence, and suppression of spontaneous emotional expression. This interpretation is compatible with evidence that maladaptive schemas are associated with conflict and difficulties in intimate relationships (Goytil et al., 2022; Mazzoni et al., 2023). When schemas are activated in family interactions, individuals may rely on rigid or defensive patterns rather than flexible parenting responses.

The results further showed that four schema domains—disconnection/rejection, impaired autonomy/performance, impaired limits, and overvigilance/inhibition—predicted lower authoritative parenting. This is one of the central findings of the study, because authoritative parenting is typically considered the most balanced style, combining emotional warmth, clear boundaries, rational discipline, and responsiveness (Baumrind, 1978, 1983). Disconnection/rejection may weaken emotional availability and trust; impaired autonomy/performance may undermine parental confidence and decision-making; impaired limits may interfere with consistent boundary-setting; and overvigilance/inhibition may increase rigidity and emotional suppression. Together, these schema domains can reduce the psychological flexibility required for authoritative parenting. Prior research supports the connection between parenting experiences and schema formation, showing that overprotective, rejecting, or dysfunctional parenting can contribute to early maladaptive schemas across adolescence and adulthood (Bruysters & Pilkington, 2023). The present findings extend this logic by suggesting that once formed, these schemas may later shape the parenting style of adults themselves.

The prediction of authoritarian parenting by impaired autonomy/performance, impaired limits, other-directedness, and overvigilance/inhibition indicates that authoritarian parenting may be rooted in both insecurity and overcontrol. Impaired autonomy/performance may lead individuals to experience family situations as difficult to manage, increasing dependence on rigid rules. Impaired limits may produce inconsistent self-regulation and difficulty balancing authority with empathy. Other-directedness may lead parents to be overly concerned with external judgment and

social expectations, making obedience and conformity more salient. Overvigilance/inhibition may intensify strictness, perfectionism, emotional control, and intolerance of mistakes. These interpretations are consistent with studies showing that early maladaptive schemas differentiate clinical and nonclinical populations and are meaningfully associated with parenting style and attachment patterns (Emami et al., 2024). The finding that impaired limits had the largest effect size in predicting authoritarian parenting is especially important, because this domain reflects difficulties with boundaries, self-control, reciprocity, and realistic limits. When such difficulties coexist with parental responsibility, individuals may attempt to compensate through harsh discipline, excessive control, or rigid authority.

The findings are also aligned with studies demonstrating that childhood trauma is strongly related to early maladaptive schemas. Research on clinical populations indicates significant associations between childhood trauma and schema development (Korkmaz et al., 2024), and structural modeling research suggests that early maladaptive schemas may mediate the relationship between childhood abuse and later psychological outcomes (Fathi et al., 2025). In this regard, the present study supports a developmental pathway in which childhood trauma may contribute to schema formation, and these schemas may subsequently affect adult parenting behavior. Recent evidence on adverse childhood experiences and schema modes further emphasizes that parental experiences may differentially shape later schema patterns (Nematzadeh et al., 2026). Therefore, childhood trauma and early maladaptive schemas should not be considered separate predictors only; rather, they may represent connected layers of developmental vulnerability that influence how adults engage in close family relationships.

The results can also be interpreted within a broader family-systems perspective. Parent-child relationships are affected not only by individual psychological history but also by current relational and contextual pressures. Married university students may experience academic demands, marital responsibilities, financial strain, and child-rearing pressures simultaneously. Research on students with children has shown that this population may face basic needs insecurity and multiple role-related challenges (Goldrick-Rab et al., 2020). Such pressures may activate unresolved trauma and maladaptive schemas, increasing the likelihood of rigid or emotionally reactive parenting. Evidence from broader family research also shows that family environment

and personality interact in predicting child life satisfaction (Leto et al., 2021), and that parent–youth intimacy can function as a protective factor for adolescent adjustment (Hochgraf et al., 2021). Thus, improving parenting styles among married students may have implications not only for parents' psychological functioning but also for children's emotional security and family well-being.

The present findings are also consistent with research showing that parent–child relationship quality is influenced by psychological, occupational, and contextual factors (Huang et al., 2023). Although the present sample consisted of married students, the same principle applies: parenting behavior is shaped by the interaction of internal psychological patterns and external life demands. Furthermore, studies indicate that temperament and parenting styles are associated with the intensity of early maladaptive schemas (Macik, 2021), which supports the idea that schemas are embedded in broader personality and family processes. The use of established measures also strengthens the interpretation of the findings. Baumrind's parenting model has long provided a reliable conceptual foundation for distinguishing parenting styles (Baumrind, 1972, 1978), the Childhood Trauma Questionnaire has demonstrated validity in assessing adverse childhood experiences (Bernstein et al., 2003), and Iranian studies have supported the applicability of trauma and schema measures in local research contexts (Soltani et al., 2017; Zolfaghari et al., 2008). Esfandiari's work also supports the use of parenting style assessment in Iranian samples (Esfandiari, 1995).

Overall, the findings indicate that adverse childhood experiences and early maladaptive schemas play an important role in shaping adult parenting tendencies. Childhood trauma appears especially relevant to authoritarian parenting and the reduction of authoritative parenting, whereas schema domains provide more differentiated explanations for variations in parenting style. This suggests that interventions aimed at improving parenting should not focus only on behavioral training; they should also address unresolved trauma, schema activation, emotion regulation, and internalized relational expectations. The results also reinforce the importance of trauma-informed and schema-informed approaches in counseling married students and young parents. By identifying the psychological foundations of parenting patterns, family psychologists and university counselors can design interventions that reduce the intergenerational continuation

of maladaptive relational styles and promote healthier parent–child interactions.

The present study had several limitations. First, the cross-sectional and correlational design prevents causal interpretation of the relationships among childhood trauma, early maladaptive schemas, and parenting styles. Second, all variables were measured through self-report questionnaires, which may increase the possibility of social desirability bias, recall bias, and common method variance. Third, the sample consisted of married students from one university, which limits the generalizability of the findings to other student populations, nonstudent parents, clinical groups, or different cultural contexts. Fourth, the study did not examine potentially important mediating or moderating variables such as marital satisfaction, attachment style, emotion regulation, current parenting stress, socioeconomic status, number of children, or perceived social support.

Future research should use longitudinal designs to examine how childhood trauma and early maladaptive schemas influence parenting styles over time and across different developmental stages of family life. Future studies should also include multi-informant data, such as partner reports, observational assessments of parent–child interaction, or clinical interviews, to reduce reliance on self-report measures. It is also recommended that future research test more complex models involving mediators such as emotion regulation, attachment insecurity, reflective functioning, and marital conflict. Comparative studies across different universities, age groups, clinical and nonclinical samples, and cultural settings could further clarify the stability and generalizability of the present findings.

From a practical perspective, the findings suggest that parenting education programs for married students should include components related to childhood trauma awareness, schema identification, emotion regulation, and reflective parenting. University counseling centers can screen for trauma histories and maladaptive schemas among married students who report parenting difficulties or family stress. Schema-focused counseling, trauma-informed psychoeducation, and skills-based parenting interventions may help students develop more authoritative and emotionally responsive parenting patterns. In addition, couple-based interventions may be useful because marital dynamics and parenting behaviors often influence one another within the family system.

#### Authors' Contributions

All authors significantly contributed to this study.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

## Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

## Declaration of Interest

The authors report no conflict of interest.

## Funding

According to the authors, this article has no financial support.

## Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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