

Parental Sociopathy as a Predictor of Childhood Sexual Abuse

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Research on childhood sexual abuse has often examined, in isolation of one another, such highly correlated risk factors as parental substance abuse, domestic violence, and pathological family functioning. Investigating comorbid antecedents separately does not allow accurate specification of the predictors of abuse. Moreover, sexual trauma research has tended to neglect parental sociopathy as a risk factor. Given the limitations of past research, the present study examined the relationships among parental sociopathy, parental substance use, marital violence, poor family functioning, and childhood sexual abuse. We administered a battery of questionnaires to a nonclinical sample of 130 college women and replicated previous findings by showing that parental substance use predicted sexual abuse when examined in isolation. However, when parental sociopathy and the other risk factors were included in a regression model, parental sociopathy was the only significant predictor. Mother's and father's sociopathy predicted sexual abuse independently and when combined.

KEY WORDS: parental sociopathy; sexual abuse; multiple risk factors.

During the past decade, researchers have documented relationships between parental substance use and child maltreatment of all types, including neglect, and physical, sexual, and emotional abuse (Famularo *et al.*, 1992; Leventhal *et al.*, 1989). The sexual abuse literature has focused in particular on parental alcoholism as one of the important correlates of abuse (Deutsch, 1982; Dietz and Craft, 1980; Herman, 1981; Hoorwitz, 1983; Rose *et al.*,

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1991). Incest is three times more likely to happen to girls from families with an alcohol dependent parent than those without an alcoholic parent (Rose *et al.*, 1991). Most of the alcohol abuse problems are exhibited by the father or stepfather in the family, although maternal alcohol problems have also been identified in incestuous families (Faller, 1994; Herman, 1981; Vander and Neff, 1984). Other factors contributing to the risk of offspring sexual abuse are marital conflict, presence of a stepfather, emotional unavailability of the mother, a dysfunctional family environment, poor parental education, low family income, and social isolation (Curtis, 1986; Finkelhor, 1980; Gordon, 1989; Yama *et al.*, 1992).

Most researchers investigating the predictors of child sexual abuse have examined such risk variables in isolation from one another, despite their high comorbidity in distressed families (Collins, 1993; Herman, 1981; Kurtz, 1993; Schililt *et al.*, 1990; Yama *et al.*, 1992). This strategy limits conclusions because variables that predict sexual abuse may be confounded by equally powerful but unexamined factors. Consequently, it is important to assess simultaneously co-existing familial antecedents in a multi-risk model of trauma.

Conspicuously neglected in research has been parental sociopathy, which is highly linked with chemical dependency (Ball *et al.*, 1995; Forrest, 1994; Kosson *et al.*, 1994; Reid, 1986). Sociopathy is manifested through a cluster of antisocial and criminal behaviors, and is clinically associated with poor impulse control and impaired judgment (American Psychiatric Association, 1994; Duckworth, 1995; Reid, 1986; Wolman, 1987), which in turn might predispose abuse of one's offspring. Sociopathic parents may also belong to antisocial peer groups which exhibit parallel pathology, thereby placing their children at higher risk for extrafamilial sexual abuse. Indeed, recent research has shown that sociopathic individuals are more likely than nonsociopathic individuals to sexually abuse children (e.g., Becker and Quinsey, 1993; Chaffin, 1994; Quinsey *et al.*, 1995), but these investigations started with samples of perpetrators not victims.

The purpose of the present study was, therefore, to examine a number of comorbid risk factors with the goal of identifying the strongest predictors of childhood sexual abuse. In particular, we assessed parental substance use (drugs and alcohol), parental sociopathy, parental domestic violence, and pathological family functioning. These risk factors are not exhaustive, but were chosen because previous studies have linked them to child abuse.

METHOD

Participants

A total of 130 college women participated in this study. Ages of the respondents ranged from 18 to 43 years, with a mean age of 22.2 years ($SD = 5.09$). About 70% of the respondents were Caucasian, and about 15% were African-American. The majority of the sample were single women; 87% reported never being married, 9% were currently married, and 4% were separated or divorced. To determine participants' socioeconomic status (SES) we utilized Hollingshead and Redlich's (1958) 2-factor index of social status based on participants' reports on parents' education and occupation. Based on this 6-point index, the majority of the sample came from middle-class families ($M = 2.82$; $SD = .99$; range = 1 to 5).

Procedure

Contact was made with approximately 200 women in a wide range of Arts and Science department classes from three community and state colleges in the midwest. Each participant was offered \$15 to complete a battery of questionnaires. One hundred and eighty respondents agreed to participate in the study and were given questionnaires at the time of contact. Of these, 130 women (72%) returned questionnaires. This good response rate suggests that there was little systematic bias in who chose to participate in this study.

Measures

Witnessing Physical Conflict Between Parents

The Parental Violence Scale of the Conflict Tactics Scale (Straus, 1979) was used to assess if participants had witnessed physical conflict between their parents before the age of 16. In the present study, the internal consistency of the scale was $\alpha = .83$. Items used to define physical conflict were: (a) threatened to hit, spank, or throw something at the other parent; (b) destroyed things in the house as a threat to the other parent; (c) threw something at the other parent; (d) pushed, slapped, or grabbed the other parent; (e) used a belt on the other parent; (f) kicked, hit with a fist, or bit the other parent; (g) threatened or used a knife or gun on the other parent. Respon-

dents indicated how many times per year they had ever seen or heard their father/mother use each item against the other parent before they turned 16. Participants were also asked to identify the parent/s who enacted the above behaviors and the parent/s who encountered the above behaviors. Each respondent received a score equal to the sum of violent acts witnessed per year before the age of sixteen ($M = 6.68$, $SD = 18.73$, range = 0 to 88).

The Family Assessment Device (FAD)

To measure overall family functioning, from healthy to unhealthy, we used the twelve-item General Family Functioning subscale of the FAD (Epstein *et al.*, 1983). Each participant was asked to rate her agreement or disagreement with whether an item described her family. Item scores ranged from 1 (strongly disagree) to 4 (strongly agree), with 1 reflecting healthy functioning and 4 reflecting unhealthy functioning; these scores were averaged. In the present study, the internal consistency of the scale was $\alpha = .93$ ($M = 2.08$; $SD = .64$; range = 1 to 3.67).

Parental Sociopathy

The Antisocial Behavior Checklist is a 42-item instrument, developed by Zucker *et al.* (1993), to assess male and female sociopathic behaviors. These authors reported high internal consistency (α from .67 to .97) and excellent test-retest reliability ($r = .94$). The scale also successfully discriminated between male and female prison inmates, college students, district court arrestees, and court-ordered alcoholics. In the present study, we used the identical items to measure both mothers' and fathers' past incidents of antisocial behaviors. Participants were asked to report on a range of mothers' and fathers' sociopathic behaviors, such as criminal acts, lying, stealing, trouble with the law, number of arrests, and incidents of violence the respondents had witnessed before they were sixteen years old.

Participants were asked to respond YES, NO, or DON'T KNOW for each item. All YES responses received a score of 1, whereas NO and DON'T KNOW responses received a score of 0. Each parent received a score equal to the sum of sociopathic behaviors known to the child. The internal consistencies for the mothers' and fathers' scales were $\alpha = .86$ and $\alpha = .89$, respectively (for mothers: $M = 2.01$; $SD = 3.24$; range = 0 to 15; for fathers: $M = 4.60$; $SD = 5.56$; range = 0 to 31). The correlation between mothers' and fathers' antisocial behaviors was significant, $r = .33$, $p < .05$. To obtain an overall indicator of parental sociopathy, we

performed z-transformations on the fathers' and mothers' scores and then averaged these standardized scores.

Parental Drug Use Checklist

Participants were asked to report on mothers' and fathers' frequency of use of a wide range of non-prescription drugs, including marijuana, cocaine, and amphetamine. The 18 items on this scale were taken from a substance use survey carried out by the University of Michigan Substance Abuse Center (Foot, 1993). For each item, participants were asked to report parents' frequency of drug use that occurred before participants were sixteen years old, using a 7-point scale: 0 (0 times); 1 (1–2 times); 2 (3–5 times); 3 (6–9 times); 4 (10–19 times); 5 (20–39 times); 6 (40+ times). Each parent received a score equal to the sum of these scores. In the current study, the mother's drug form had an internal consistency of $\alpha = .75$ ($M = 4.4$, $SD = 7.4$, range = 0 to 59), and the father's drug form had an $\alpha = .55$ ($M = 3.3$, $SD = 5.0$, range = 0 to 31).

Short Michigan Alcoholism Screening Test (SMAST)

This measure assesses father's (F-SMAST) and mother's (M-SMAST) alcoholism as reported by children (Crews and Sher, 1992). The F-SMAST and M-SMAST consist of nine identical items; subjects are asked to respond YES or NO to behaviors that reflect parental alcohol problems. The number of YES responses is summed. A score of 3 and higher indicates parental alcoholism. In the present study, the internal consistency for the mother's SMAST was $\alpha = .87$ ($M = .36$, $SD = 1.16$, range = 0 to 6), and the father's SMAST had an $\alpha = .74$ ($M = 1.01$, $SD = 1.99$, range = 0 to 9).

The correlation between drug and alcohol use was $r = .59$ ($p < .001$) for mothers and $r = .60$ ($p < .001$) for fathers. We therefore created a combined index of substance abuse for each parent by transforming these to z-scores and averaging them. The resulting substance use scores of the parents were correlated ($r = .37$, $p < .05$), so we collapsed mother's and father's substance use scores into one parental substance use measure, once again creating z-scores and averaging them.

Childhood Sexual Abuse

This measure combined questions used in previous research by Finkelhor (1979) and Russell (1984). Each respondent was asked to think of un-

wanted sexual experiences with an adult that occurred before the age of sixteen. A sexual experience was defined as “anything sexual that occurred” between the respondent and an adult figure, ranging from experiences of fondling to intercourse.

Respondents were classified as being sexually abused if they answered affirmatively to the general question: “Have you ever had an unwanted sexual experience before the age of sixteen?” Forty eight percent answered this question YES. Respondents were also provided with a list of twenty specific unwanted sexual behaviors and asked if any of them had ever occurred. The behaviors ranged from mild sexual abuse (kissing, fondling) to severe sexual abuse (vaginal or anal intercourse). YES responses to each of these 20 unwanted sexual behaviors were scored as 1, and NO responses were scored as 0. The sum of these scores was computed to reflect the degree of sexual abuse experienced (ranging potentially from 0 to 20). We used these continuous scores in the correlational and regression analyses reported here ($M = 3.04$, $SD = 4.29$, range = 0 to 17). Using the YES/NO answers to the general question yielded essentially the same results. If they reported any incidents of abuse, respondents were asked to describe the identity of the perpetrator(s).

RESULTS

Fifty two percent of the sample reported no sexual abuse before the age of sixteen. Twenty eight percent of the sample reported experiencing at least one incident of extrafamilial sexual abuse before the age of 16. Nine percent of the sample reported experiencing at least one incident of incestuous abuse before the age of 16. Seven percent of the sample reported experiencing at least one incident of both incestuous and extrafamilial abuse before the age of 16. Our rates of incest and extrafamilial abuse appear comparable with other nonclinical samples (Hinson, 1992; Russell, 1984). Seven percent of the sample reported a summary score of 3 or higher on the M-SMAST measure and 15% reported a summary score of 3 or higher on the F-SMAST measure.

Correlations Among the Four Risk Factors and Offspring Sexual Abuse

Table I depicts the zero-order Pearson product-moment correlations among all childhood variables. Four out of the six correlation coefficients between risk factors reached conventional levels of significance, $p < .05$, and all were positive. These results illustrate the expected comorbidity of

Table I. Correlations Among the Four Risk Factors and Offspring Sexual Abuse

	(1)	(2)	(3)	(4)	(5)
(1) Parental sociopathy					
(2) Parent substance use	.48**				
(3) Domestic violence	.21*	.42**			
(4) (Unhealthy) family functioning	.16	.08	.20*		
(5) Sexual abuse	.33*	.21*	.11	.16	

* $p < .05$.** $p < .001$.

high risk factors in distressed families. Parental substance use was significantly related to childhood sexual abuse, thus replicating previous findings. Parental sociopathy was also correlated with sexual abuse. None of the risk factors nor sexual abuse was significantly related to socioeconomic status (SES), implying that SES was not a potential cause for the relationships obtained (r 's = .00 to .14, all *ns*).

Predicting Sexual Abuse from Risk Factors

To illustrate the differences in risk factors between sexual abuse survivors and nonsexually abused women, the means and standard deviations of the risk factors are displayed in Table II, abuse and non-abuse groups were defined here by how the respondents answered the general YES/NO question about sexual abuse. We then utilized multiple regression analyses to examine the relationship between these risk factors and childhood sexual abuse as assessed by the continuous scores. We first explored the individual risk factors separately. Parental substance use predicted childhood sexual abuse when parental sociopathy, parental domestic violence, and family functioning were not included in the model, thus replicating previous findings, $F(2, 117) = 3.01, p < .02$. Parental sociopathy was also a powerful predictor of childhood sexual abuse, $F(1, 126) = 15.03, p < .001$. Parental domestic violence was not associated with sexual abuse, $F(1, 122) = 1.60, p < .21$, whereas poor family functioning fell somewhat short of being a significant predictor of sexual abuse, $F(1, 126) = 3.20, p < .08$.

In order to determine which risk factors accounted for most of the variance for childhood sexual abuse, we performed a simultaneous multiple regression analysis that included all risk factors simultaneously. As shown in Table III, when parental sociopathy, parental substance use, domestic violence, and poor family functioning were simultaneously included in the regression equation, the relationship between parental substance use and

Table II. Mean Differences in Parental Sociopathy, Parental Substance Use, Parental Domestic Violence, and Family Functioning Between Nonvictims and Victims of Sexual Abuse

	No Abuse (<i>n</i> = 67)		Sexual Abuse (<i>n</i> = 63)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Parental sociopathy	1.05	.08	1.11	.11
Parental substance use	.19	1.24	.23	1.57
Parental domestic violence	5.03	16.73	8.25	20.80
(Unhealthy) family functioning	2.02	.63	2.13	.65

Table III. Multiple Regression for Parental Substance Use, Parental Sociopathy, Family Functioning, and Domestic Violence as Simultaneous Predictors of Offspring Sexual Abuse^a

Variable	<i>B</i>	<i>SE B</i>	<i>Beta</i>	<i>t</i>
Parental sociopathy	11.05	3.81	.29	2.90*
Parental substance use	.12	.31	.07	.40
Parental domestic violence	.04	.03	-.01	1.05
(Unhealthy) family functioning	.55	.59	.07	-.93

^aMultiple $R^2 = .12$, $F(4, 114) = 3.95$, $p < .005$.

* $p < .01$.

sexual abuse became nonsignificant. Instead, parental sociopathy was the only predictor of sexual abuse. This result confirmed our expectations regarding parental sociopathy as a critical correlate of childhood sexual abuse.

To explore further the role of parental sociopathy in childhood sexual abuse, we examined the possibility of differential effects of mothers' and fathers' sociopathy. In the present data set, these two variables were moderately correlated, $r = .18$, $p < .04$. As Table IV shows, mothers' and fathers' level of sociopathy were independent predictors of sexual abuse when included in the same multiple regression model. Fathers' or mothers' sociopathic behaviors were therefore sufficient to predict childhood sexual abuse.

DISCUSSION

In summary, we found that parental sociopathy predicted childhood sexual abuse more strongly than did parental substance use and family functioning. Although it is difficult to isolate the differential impact of co-ex-

Table IV. Multiple Regression for Mother's and Father's Antisocial Behaviors as Independent Predictors of Sexual Abuse^a

Variable	<i>B</i>	<i>SE B</i>	<i>Beta</i>	<i>t</i>
Fathers' sociopathy	5.12	2.48	.20	2.07*
Mothers' sociopathy	11.33	5.68	.20	1.99*
Parental substance use	.03	.32	.01	.10
Parental domestic violence	.01	.01	.08	.85
(Unhealthy) family functioning	.63	.60	.09	1.04

^a $R^2 = .14$, $F(5, 113) = 3.55$, $p < .006$.

* $p < .05$.

isting risk factors, the current findings suggest that parental sociopathy may be among the critical antecedents of sexual abuse. Previous investigations of the predictors of childhood sexual abuse have documented parental substance abuse, family dysfunction, marital violence, and SES as important correlates of sexual abuse (Curtis, 1986; Deutsch, 1982; Dietz and Craft, 1990; Finkelhor, 1980; Gordon, 1989; Herman, 1981; Hoorwitz, 1983; Rose *et al.*, 1991; Yama *et al.*, 1992). Many of these studies have examined the risk factors in isolation, despite their comorbidity in distressed families. Additionally, the impact of parental antisocial behaviors has not previously been examined as a high risk factor for sexual abuse. This omission has occurred in spite of the fact that sociopathy is linked to other criminal behaviors, substance abuse, personality disorders, and negative outcomes in children (Ball *et al.*, 1995; Forrest, 1994; Kosson *et al.*, 1994; Reid, 1986; Robins and Rutter, 1990).

The present study simultaneously assessed multiple risk factors and included the variable of parental sociopathy as a possible predictor of childhood sexual abuse. Our results did not support earlier research which indicated that marital violence and SES are correlates of offspring sexual abuse. At the same time, the present findings showed that parental drug and alcohol use in isolation predicted sexual abuse, thereby supporting previous findings. When we controlled the covariance among the four antecedent risk factors (parental substance use, parental sociopathy, family functioning, and domestic violence), the only predictor of childhood sexual abuse was parental sociopathy. Both mothers' and the fathers' sociopathy predicted sexual abuse, independently as well as when combined.

In the past, clinicians and researchers have focused on the association between parental alcohol use and child sexual abuse, incest in particular, in terms of the specific psychological and physical effects of drugs and alcohol use on the perpetrator. Substances are thought to serve as disinhibit impulsive control and thus make it easier for the perpetrator to commit

molestation (Herman, 1981; Liles and Childs, 1986). It has similarly been hypothesized that alcohol and drugs allay guilt, shame, and anxiety, thereby allowing abuse to continue.

Other theorists have stressed that sexual abuse occurs in the context of a dysfunctional family environment (Curtis, 1986; Davies and Frawley, 1994; Finkelhor, 1980; Herman, 1981, 1994; Vander and Neff, 1984). In these families, stress, poor communication, conflict, and issues of control and power contribute to the occurrence of sexual abuse. Although such factors may well contribute to abuse, our findings suggest that parental sociopathy may actually trigger and maintain sexual abuse, even in families not characterized by chemical dependence or family dysfunction. Disinhibition attributed to drug or alcohol may actually stem from intrinsic psychological deficits associated with sociopathy. Along these lines, the perpetrator may not use drugs and alcohol to defend against feelings of guilt and shame, given that sociopathy is marked by the absence of these affects. Perhaps it is unsurprising that sociopathy proved the best predictor of sexual abuse among those we examined. It is a more inclusive concept than drug or alcohol abuse and taps poor impulse control in a variety of arenas. We wish to emphasize that the particular measure of sociopathy used in the present research did *not* ask specifically about drug or alcohol use.

One also needs to examine the mother's psychological functioning and behaviors as a predictor of child sexual abuse. Findings from the present study showed that mother's antisocial behaviors independently predicted sexual abuse. This finding suggests two possibilities. In some cases, sociopathic mothers may be more likely to perpetrate child sexual abuse than non-sociopathic mothers, although the number of abusive mothers in the present sample was too very small and did not allow us to explore this possibility. In other cases, even though the mother exhibits sociopathic behaviors, she may not be the perpetrator of the sexual abuse. Instead, the mother's poor impulse control may lead to her inability to protect her child from incestuous or extrafamilial sexual abuse. That is, if the mother's psychological and emotional functioning is critically limited, she may not be able to provide the adequate nurturance, limits, boundaries, and rules to protect her children from sexual exploitation. It is important to note that we are not suggesting that the responsibility and blame for the sexual abuse be attributed to the mother, even given her parallel pathology. However, future research on the role of maternal sociopathy as a risk or protective factor may shed further light on the antecedents of child sexual abuse.

Parental sociopathy may also increase the risk of extrafamilial sexual abuse as the parents fail to provide a safe and nurturing social environment for their children. If parents with antisocial behaviors are part of a peer group with similar problems, other sociopathic adults will have easier access

to the family's children, with whom they may act out their pathology in the form of sexual abuse. This speculation is supported by the fact that most sexual trauma victims have been sexually abused by acquaintances and not strangers or family members (Russell, 1984).

Altogether, the present results suggest that parental sociopathy predicts childhood sexual abuse. Poor family functioning, marital conflict, and substance use may contribute to the chaotic family milieu in which sexual abuse occurs. However, it appears that the specific sociopathic environment, behaviors, character pathology, and peer groups of the parents may constitute the specific risk for intrafamilial and extrafamilial child sexual abuse.

Some cautionary notes are in place. Although we obtained statistically significant results, the amount of variance in sexual abuse for which they accounted was modest, suggesting that there are further risk demands that need to be identified. Also, we limited our sample to female participants, although males constitute a large minority of sexual abuse victims. Further, we acknowledge that this study is limited because its results are based on retrospective reports, as are most other studies examining familial risk factors of offspring sexual abuse (Fox and Gilbert, 1994; Roesler and Dafler, 1993; Sheridan, 1995, Yama *et al.*, 1992). Like these previous studies, the possibility of memory or reporting bias cannot be ruled out. Given the limitations of a retrospective study based on adult children's reports it would be useful to repeat a similar study in a longitudinal project that assesses multiple risk factors based on children's and parents' reports. Doing so would provide a means to validate children's reports and minimize distortion through retrospective reporting. The present study also highlights the need for future research to examine comorbid risk factors simultaneously to control for collinearity and to assess more precisely the predictors of childhood sexual abuse.

Research on childhood sexual abuse should also include parental sociopathy as a risk factor. The present study illustrates that parental sociopathy is a critical predictor of sexual abuse. Given the current findings, one could question whether the unique features of sociopathy precipitate a family member and peer group to transgress into the more disturbed antisocial behavior of sexual abuse. It would be useful to compare the high risk variables among distressed families with sexual abuse victims, and distressed families without sexual abuse survivors to examine whether parental sociopathy is a critical distinguishing factor between these two types of homes.

In summary, the results of the present project showed that when a number of comorbid risk variables are assessed simultaneously, parental sociopathy was the only predictor of childhood sexual abuse. Studies which

have documented the relationship among isolated risk factors and sexual abuse, but have not assessed parental antisocial behaviors may actually be tapping into a broader antecedent pathology of parental sociopathy. The need to include parental sociopathy as a high risk factor in future research on predictors of sexual abuse is clear.

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