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Trauma, Stress, and Resilience Among Family Members of Individuals with Psychopathic Personality Disorder: A Scoping Review

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Abstract
It is important to note that research focusing on psychopathy and antisocial personality disorder (ASPD) has tended to focus on the person who exhibits psychopathic or antisocial features, and to date the role of the intimate partner and family member of a psychopath has not received much attention. The purpose of this scoping review is to outline and chart evidence on trauma and stress, burden, coping, family functioning and resilience among individuals who have close relationships with those characterized as having psychopathic traits or ASPD. Additionally, the review explores related literature from the personality disorder caregiver field to uncover ideas and scales that could be used in psychopathy specific studies.
Methods: The review was conducted following the PRISMA-ScR and recent JBI guidelines that outline the steps used to build a Scoping review. The original search included records from the databases PubMed, PsycINFO, Scopus, Web of Science, and Google Scholar, yielding 124 records of which 11 were considered for the original synthesis. In this revision, the following references were checked concurrently with PubMed, journal platforms, JBI resources and India journals independently of each other: methodological, psychopathy/relationship, caregiver, and Indian-context references. The present manuscript does not claim that the original 124/11 counts reflect the updated search (they do have been rerun of expanded database searches and updated prior to submission).
Findings: Evidence of direct involvement is mainly focussed on intimate partners. Forth et al. (2022) examined 457 current and former partners recruited from online support groups and showed that higher levels of victimization, maladaptive coping, and higher psychopathy among partners was related to higher levels of PTSD and depression symptom severity. Systematic-review and meta-analytic findings from the last few years also suggest a relationship between psychopathy and IPSV, although this relationship is not uniform as to facets of psychopathy or types of violence. Evidence on children, parents, brothers and sisters and other family members is much more limited. Burden, loss, psychological distress, stigma, and family support needs are consistently found in families of caregivers next to those with a psychopathic diagnosis in all caregiver research, and there are models of measurement to do so, as well as models to intervene, but these do not necessarily directly apply to psychopathic-affected families.
Conclusions: The evidence gap most clearly stated is the lack of studies; however, there is also the lack of family-role-specific, longitudinal, clinically grounded research. The results are presented as a conceptual model of a provisional nature that can be used to generate hypotheses and testable models, but not as an empirically established causal model. Future research should consider longitudinal family research designs, research methods that validate measures, culturally diverse samples, child and parent outcome measures, and ethically designed interventions.
Keywords: *Psychopathy, antisocial personality disorder, family trauma and intimate partner violence, family burden, ambiguous loss, family functioning, resilience, a scoping review*

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I. Introduction

Psychopathy is not synonymous with APD, but should be viewed as a multidimensional personality dimension. The recent diagnostic and dimensional systems acknowledge a significant overlap between psychopathy and ASPD and also highlight significant differences in interpersonal-affective traits, behavioral decontrols and approach to psychopathy ASPD respectively (Anderson & Kelley, 2022). An important distinction for family research is that some studies include individuals with a formal ASPD diagnosis and/or elevated psychopathic traits and/or forensic psychopathy scores and/or dimensional personality pathology, and these groups are not necessarily the same.

Traditionally, research on psychopathy has focused on etiology, personality structure, offending, violence and risk. Developmental evidence indicates that childhood maltreatment is associated with psychopathic traits. A 2022 meta-analysis combined 47 studies and 12,737 participants (with 389 effect sizes) and reported small to moderate relationships between the psychopathic traits and various types of childhood maltreatment, with somewhat stronger relationships for the behavioral/antisocial dimensions than for the affective/interpersonal dimensions (de Ruiter et al., 2022). A large community-based study of children published in 2024 was also able to report relationships between psychopathic domains and childhood trauma, and between insecure attachment and psychopathic domains (van Beeck et al., 2024). These findings do not mean that the trauma experiences in relatives of individuals with psychopathic features was the cause of developing psychopathic traits.

An emerging and albeit separate literature focuses upon interpersonal outcomes of psychopathic traits. Forth et al. (2022) studied 457 current and former intimate partners of people who are suspected of having psychopathic features, and they recorded the emotional, behavioral, cognitive, social, and health consequences. PTSD and depression symptom severity were related to psychopathy severity, maladaptive coping, and total incidents of victimization experiences. Furthermore, longitudinal research has implicated psychopathic personality traits with communication problems, marital life satisfaction progression, and divorce (Weiss et al., 2018). Most recently, a systematic review with meta-analytic procedures was conducted in 2025, synthesizing findings from 35 articles, which indicated an overall significant association between psychopathy and intimate partner violence (IPV) (Moreira et al., 2025), and Chen and Verona (2025) supported the differences in association by psychopathy facets and IPV outcomes.

However, despite its development, the family member is still a not well-developed unit of analysis. The direct evidence available is focused on relations between intimate partners, children, parents, siblings and extended relations are not as prominent. This is significant because the impact on families does not stop at the point of victimization and can include feelings of continual uncertainty, loss, isolation, financial or legal issues, changing roles and challenges in receiving the necessary support. Such outcomes have been documented in the literature on psychopaths and have been documented in the literature for adjacent personality-disorder caregiver groups, particularly BPD, and can only be considered as a hypothesis, not a foregone conclusion when applied to psychopathy.

There is an appropriate methodological and conceptual frame for comparison in the caregiver literature on BPD. There is a significant burden on families and carers and some weak and very early evidence of interventions targeting carers specifically (Sutherland et al., 2020). Other studies have reported increased burden of carers for youth with BPD (Seigerman et al., 2020), multidimensional burden of carers (García-Alandete et al., 2023), and that burden, grief, depression and psychological distress were decreased following recent interventions for BPD (Lanfredi et al., 2025). A study in Ireland also explored hopelessness among family members involved in family connections research, highlighting the range of outcomes that might be relevant to family-based study (Joyce et al., 2024).

There is also an explicit need to consider the Indian context. The Indian clinical guidelines highlight the need to consider the cultural and family context when assessing and managing personality disorders, such as the significance of interdependence and large or joint families (Sharan et al., 2023). Concurrently, an Indian study was developed and validated a culturally sensitive measure of caregiver burden to emphasize its importance of instruments that have been created in other contexts not being automatically assumed to be meaningful across cultures (Pandey et al., 2019). The evidence is not specific to psychopathy but supports culturally sensitive family studies in India.

1.1 Review objectives and questions

The review aims to: (1) identify empirical evidence related to direct trauma, stress, burden, coping, family relations, and positive and adaptive outcomes that relate to family members of individuals with psychopathic traits or ASPD; (2) examine how literature on adjacent personality disorders and caregivers can be used to inform conceptualization and measurement in a responsible way; and (3) identify evidence gaps and develop a research agenda for family-focused psychopathy research.

(a) What kind of family relationships have been studied? (b) What mental, relationship, social and functional outcomes have been studied? (c) What type of measures and study designs are used? What evidence is available with regards to coping and resilience and which family groups and outcomes are under-researched?

II. Methodology

2.1 Review design and methodological framework

The literature is conceptually diverse, with a variety of study designs, and with a mix of direct and adjacent evidence, making a scoping review appropriate. According to the scope of the reviews (conceived as evidence syntheses) as outlined in contemporary guidance (Munn et al., 2022; Pollock et al., 2026), scopes

reviews are aimed at systematically identifying and mapping the breadth of available evidence, concepts and methodological approaches. The review is reported using the PRISMA-ScR guidelines (Tricco et al., 2018) and methodology from the JBI (Peters et al., 2020; Pollock et al., 2026). Also, PRISMA-S principles are followed when structuring search reporting (Rethlefsen et al., 2021).

2.2 Information sources and search strategy

The source manuscript was searched in the databases PubMed, PsycINFO, Scopus, Web of Science, and Google Scholar, along with backward citation chaining. Original search: Combinations of terms were created and searched for Psychopathy/ASPD terms, Family/Relationship terms, and Trauma/Stress/Resilience outcomes. The conceptual search strategy has been expanded to include literature surrounding relational harm and victimization, such as intimate partner violence, coercive control, psychological abuse, victimization, family burden, grief, stigma, coping, social support and quality of life.

The following Master Search Structure (MSF) is recommended for the final rerun of the database: (psychopath* OR "psychopathic trait*" OR "psychopathic personality" OR "antisocial personality disorder" OR ASPD) AND (family* OR relative* OR caregiver* OR spouse* OR partner* OR husband* OR wife OR child* OR parent* OR sibling*) AND (trauma OR stress OR distress OR PTSD OR depression OR anxiety OR burden OR grief OR "ambiguous loss" OR resilience OR coping OR wellbeing OR "quality of life" OR stigma OR isolation OR victimization OR "intimate partner violence" OR IPV OR "coercive control" OR "psychological abuse"). Any database-specific syntax, controlled vocabulary, date limits, and search dates should be reported in a supplemental search appendix, following the guidelines of PRISMA-S.

2.3 Eligibility criteria

Sources should be empirical or systematic reviews that have been peer-reviewed; when necessary, define the framework with foundational theory pieces, and when relevant, include systematic or scoping reviews for conceptual synthesis. Family members, intimate partners, parents, children, siblings, or other close relatives of people identified with psychopathy measures, psychopathy related constructs or ASPD can be eligible for the population. Adjacent evidence from BPD and other high burden populations for personality disorders may be presented as providing direct information when it directly informs each of the family burden, grief, coping, resilience, family functioning, or intervention design. Direct synthesis of the person with psychopathic traits only is excluded from studies with a focus on family/relational outcomes.

2.4 Restriction on access and evidence accessibility to open access

The original manuscript only included sources that had open access to full text. There is no longer an eligibility restriction for this in the updated framework since evidence accessibility should not be used as an eligibility criterion. A source characteristic, such as Open-access status, may be reported but any relevant peer-reviewed evidence may be eligible regardless of whether a source is available in Open-access. The final numbers of search records (124) and the number of sources selected (11) should supplant the original search record and number of sources selected in this draft.

2.5 Study selection and data charting

Screening should be done in 2 phases: title/abstract screening, assessment of the full text for prespecified criteria. Two reviewers should conduct independent screening of at least a random sample of records, whenever possible, and reach a consensus on disagreements, or decide ranking by having a third reviewer. Author/Year, Country, Population and Family role, Size of Sample, Psychopathy/ASPD operationalization, Study design, Outcomes, measuring instruments, Key findings and limitations should be captured on data charting. Evidence should be categorized as follows: Direct Psychopathy/ASPD-family; psychopathy/relationship; adjacent personality-disorder caregiver; and theoretical evidence.

2.6 Methodological appraisal

As a scoping review in which the central role is that of evidence mapping, methodological appraisal should be used with caution and not be converted into a final numerical quality score. Instead, design and sampling limitations, measurement limitations, and major sources of bias should be plotted. This is consistent with the guidance of JBI that recommends undertaking a mapping of the evidence base, although it doesn't require formal risk-of-bias assessment for all scoping reviews (Peters et al., 2020; Pollock et al., 2026).

2.7 PRISMA-ScR flow and search-update requirement

After dedupe the source manuscript reported 124 records identified, 96 after deduplication, 25 full-text assessments and 11 included sources. These numbers represent the search history that is retained for transparency's sake. When the strategy is revised, the final product should rerun the full searches and have the

updated flow counts, due to the new terms that are added in the revised strategy, and the removal of the open access restriction. The record count is not manipulated in this manuscript.

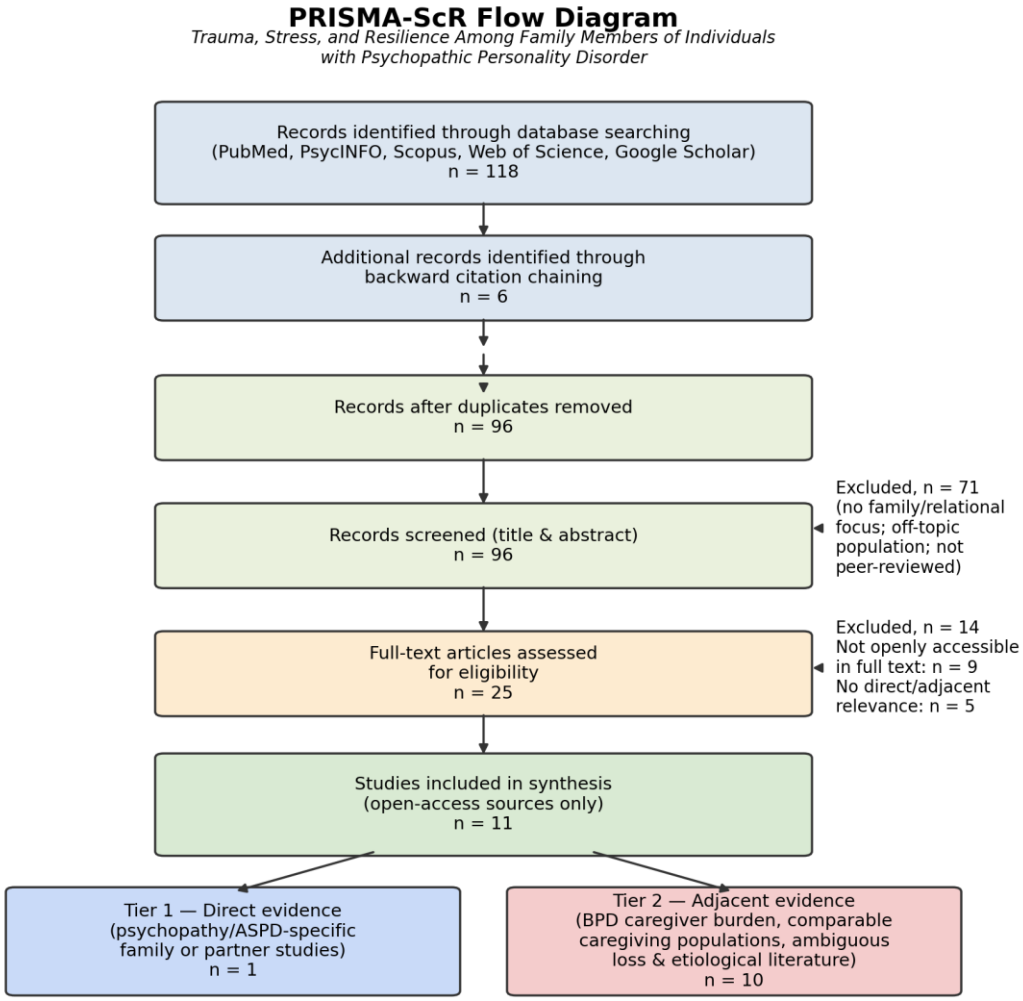


Figure 1. PRISMA-ScR flow diagram reported in the source manuscript.

III. Theoretical Framework

3.1 Ambiguous loss

The theory of ambiguous loss can serve as a lens for exploring relationships in which there is a conflict or discrepancy between presence and availability. Boss conceived ambiguous loss as a "double" loss in which the status and psychological availability of a loved one are unknown. Ambiguous loss continues to be a topic of interest in contemporary applications to understand how ambiguous loss can influence the distress and adaptation of caregivers in diverse contexts (Boss, 1999, 2006; Mendenhall & Boss, 2022; Weiss et al., 2023). The concept is suggested in the current review as a potential framework for thinking about family members who have the perception of a relationship that is always there but felt emotionally and/or relationally unavailable. This is an extension from a theoretical point of view and has not been specifically proven in psychopathy families.

3.2 Caregiver burden

Practical and role-related stress are differentiated from more subjective emotional effects like guilt, grief, worry, shame and loss of control through role and caregiver burden. Studies on BPD caregivers shows that burden may be multi-dimensional and cannot be expressed in a single score (García-Alandete et al., 2023). The construct is promising for psychopathy-family studies but instruments should be validated for the target population, not assumed to have the same psychometric properties.

3.3 Relational victimization and chronic stress

Based on the direct partner literature, the extent of victimization and psychopathy severity may be relevant to the symptoms of PTSD and depression (Forth et al., 2022). The 2025 systematic review by Moreira and colleagues reinforces the general linkage between psychopathy and IPV; and Chen and Verona (2025) highlight facet specific differences. The results lend support to the measurement of victimization and relational harm as outcomes in the conceptualization and for the inclusion of the concept of psychopathic characteristics, not automatically equating them with abuse.

3.4 Resilience, social support and family functioning

Instead of viewing resiliency as an individual trait, it should be understood as an active process, highlighting resources at the individual and context levels. Some caregiver co-occurrence identifies that family functioning and social support can influence the experience of burden and psychological distress. A sample of 353 caregivers of older adults with disabilities who were assessed in a 2026 study revealed an association between resilience and fewer depressive symptoms, with family functioning as a moderator and caregiver burden as a mediator (Yang et al., 2026). This is not psychopathy-specific evidence but in favor of the inclusion of family-level resources into future models.

3.5 Developmental and intergenerational pathways

There is evidence from developmental studies on an association between childhood traumas, insecure attachments and characteristics of psychopathy (de Ruiter et al., 2022; van Beeck et al., 2024). These studies, however, are unable to prove that the trauma of one generation, or the psychopathy of one generation is passed on to the next. Intergenerational transmission is, therefore, not a given feedback loop, but an empirical issue that needs to be investigated prospectively in family studies.

IV. Results and Thematic Synthesis

4.1 Direct evidence: intimate partners

The most direct evidence found in the source review relates to current and/or former intimate partners. Forth et al. (2022) performed a study involving 457 partners from an online support group. Participants reported a variety of types of victimization and the emotional, behavior, cognitive, interpersonal, and physical effects of victimization. More severe symptomology for PTSD and depression was linked to more severe psychopathy and maladaptive coping, and more victimization exposure predicted more severe symptomology. Given that the sample is self-selected and online, generalizability is restricted; and extreme relationships may be over-represented.

4.2 Relationship functioning and longitudinal couple outcomes

Trauma symptoms are not the sole focus of the partner literature. Weiss et al. (2018) studied self- and spouse-reported psychopathic characteristics, along with observed communication, marital happiness trends, and marital dissolution over time, in 172 newlywed couples. Such designs are especially helpful in highlighting designs where descriptive, retrospective data is inadequate and demonstrating the need for future family studies to include both dyadic and longitudinal methods.

4.3 Intimate partner violence and relational harm

There is increasing evidence that supports the need to consider relational harm as a separate outcome domain, in the recent synthesis. After Moreira et al. (2025) identified 295 records, they selected 35 studies and 30 of these met the criteria for the meta-analytic procedures; overall, there was a significant correlation between psychopathy and IPV involvement. In addition, Chen and Verona (2025) found correlations to be differential across psychopathy facets and outcomes of IPV. These results echo the findings of Forth et al. (2022) and align with a broad outcome framework that emphasizes psychological and/or relational victimization rather than physical violence as the outcome of family violence.

4.4 Children

A large gap in the evidence highlighted in the review relates to children of individuals with psychopathic traits or ASPD. Developmental studies of childhood trauma focus on a different question: Does adversity lead to an increased likelihood of exhibiting psychopathy in the person being evaluated? It does not prescribe the ramifications of a parent with psychopathic traits being a parent. Future studies should thus separate parental psychopathy from parental psychopathology, and investigate the outcomes of the children over time, such as their attachment, emotion regulation, anxiety, depression, symptomology of trauma, ability to function socially and their resilience.

4.5 Parents, siblings, and extended family

There is also little evidence when it comes to parents, siblings and extended family. The rationale behind separating these roles for separate investigation is provided by adjacent BPD research. Increased levels of distress and poorer caregiving experiences have been found for carers of young people with BPD features (Seigerman et al., 2020) and family members can be distressed, grieved, and hopeless (Joyce et al., 2024). The results suggest that additional research with similar areas in families of psychopathic children is warranted and not indicative of the same size or same patterning in psychopathy.

4.6 Caregiver burden, grief, and stigma: adjacent evidence

The next most comprehensive adjacent evidence base is that of BPD caregiver research. This literature review by Sutherland et al., (2020) examined 10 studies covering six family/carer interventions, and found that, caregiver interventions have preliminary evidence for improving wellbeing and reducing burden. García-Alandete et al. (2023) identified a three-factor structure for the Burden Assessment Scale (BAS) in family carers of individuals with BPD with 233 participants — disrupted activities, personal/social dysfunction, and worry/guilt/feeling overwhelmed. This makes the scale more understandable than the original draft which had only a two-dimensional scale. The caregivers in Lanfredi et al. (2025) who received Family Connections experienced decreases in burden, grief, depression, psychological distress, and anger, with some effects staying at four months. The results do not reveal any psychopathy-specific effects, and instead offer intervention and measurement precedents.

4.7 Indian and cross-cultural considerations

Indian sources reinforce the importance of cultural adaptation. Sharan et al. (2023), in an Indian Journal of Psychiatry clinical guideline, noted the importance of cultural context and family structures in personality-disorder care. Pandey et al. (2019) developed a culturally informed caregiver-burden scale for the Indian population and emphasized that burden instruments may not transfer straightforwardly across cultures. For future psychopathy-family research in India, these findings support translation, cultural adaptation, measurement invariance testing, and attention to joint-family and interdependent caregiving structures.

V. Evidence Map and Critical Appraisal

Family group	Direct psychopathy/ASPD evidence	Outcomes documented	Current interpretation
Intimate partners	Yes; strongest direct evidence	PTSD, depression, victimization, coping, relationship functioning	Most developed direct domain, but largely cross-sectional/self-selected
Children	Very limited/uncertain	No robust psychopathy-specific family outcome base identified	Major evidence gap; prospective developmental studies needed
Parents	Very limited/uncertain	No established psychopathy-specific burden estimates	Use adjacent personality-disorder literature only as hypothesis-generating
Siblings	Very limited/uncertain	No established psychopathy-specific outcome estimates	Family-system and role-transition research needed
Extended relatives	Very limited/uncertain	No established psychopathy-specific evidence	Potentially relevant for social, financial, and support outcomes
Caregiver/intervention evidence from BPD	Indirect	Burden, grief, distress, hopelessness, coping, family functioning	Useful for measurement/intervention design; not diagnostic equivalence

5.1 Key methodological limitations in the direct literature

- Self-selected online recruitment in the largest direct partner study may introduce severity and selection bias.
- The literature uses heterogeneous psychopathy measures and does not consistently distinguish psychopathy from ASPD.
- Most direct evidence is cross-sectional, limiting causal inference and temporal understanding.
- Family roles are unevenly represented, with intimate partners receiving substantially more attention than children, parents, and siblings.

- Validated measures specifically designed for family members of individuals with psychopathic traits have not yet been established.
- Cross-cultural evidence is limited, and Indian or South Asian family systems are largely absent from the direct psychopathy-family literature.

VI. Discussion

The main conclusion of this review is this imbalance between the extensive research focus on psychopathy as a construct of the individual and the scant evidence available on the people who live in close contact with those who have psychopathy. Where direct evidence does exist, it is focused in the context of close relationships, and suggests further study on victimization, coping, PTSD, depression, and relationship functioning. The existing evidence is limited and focused on close relationships only and suggests the continued investigation of victimization, coping, PTSD, depression, and relationship functioning. A 2025 meta-analysis of psychopathy and IPV reinforces the need to consider relational harm in future research on the family and highlights psychopathy's multidimensionality and heterogeneous associations with different aspects and types of violence (Moreira et al., 2025; Chen & Verona, 2025).

The second is methodological – that there is no evidence of harm for children, parents and siblings, does not equate with no harm. Such groups would more aptly be characterized as "under studied. There are many other considerations regarding the impact of a BPD family on the BPD, such as burden, grief, depression, stigma, hopelessness, disrupted activities and a lack of suitable support, as evidenced by adjacent BPD caregiver research (Sutherland et al., 2020; Seigerman et al., 2020; Joyce et al., 2024; Lanfredi et al., 2025). What could be safely inferred from this is that these would be good areas to explore in psychopathic families, rather than having shown up previously there.

A third discovery is related to theory. Ambiguous loss is a useful concept to help describe relationships where people are physically present while still feeling like they are relationally unavailable; this is a construction that needing to be explicitly provisional in this group of people. Likewise, models of caregiver burden and resilience provide concepts and candidates for mechanisms. The proposed framework is therefore theory generating, and is intended to show how to organize hypotheses for testing rather than to state an established causal pathway which is already demonstrated.

6.1 Proposed conceptual framework

The new framework suggests that family outcomes can be the result of a multileveled sequence of relational and contextual factors, including exposure to problematic or harmful relational behaviors, uncertainty, boundary ambiguity or perceived loss of the relationship, felt burden, and available protective resources, such as social support, family functioning, coping skills, and access to psychoeducation and/or professional services. Distress, depression, symptoms of PTSD, grief and decreases in quality of life are considered potential occurrence of individual outcomes rather than set outcomes.

6.2 Clinical implications

Clinicians must determine how distressed and safe the family member is, not assuming that providing care for the index case's distress/safety is sufficient to provide care for the family member(s). Coping skills and education on psychopathy may be facilitated by existing BPD-focused caregiver interventions; these interventions may offer suggestions for caregiver education, coping, and support, but should be used with caution and as a starting point until directly tested. Assessment should continue to be person-centered, with the focus on safety, and not take it for granted that the presence of psychopathy itself is evidence of abuse in high conflict/high risk and potentially abusive relationships.

This is a compilation of the findings from sections 4 and 5. This is a summary of what was learned in parts 4 and 5.

Factors such as family structures, interdependence, family expectations regarding the provision of care, stigma, and access to specialist mental-health services, may impact the ways in which family burden is expressed and reported in Indian research and practice. A culturally responsive assessment would be conducted rather than instruments and intervention models directly translatable from the western context (Pandey et al., 2019; Sharan et al., 2023).

Adapt the policy and service implications to address the individual needs of the student.

The evidence prompts a debate about the delivery of services, rather than an assumption that there is a consistent failure of a policy to recognize psychological, relational and practical harms associated with challenging relationships. Future studies should explore access to domestic-violence services and mental-health care, family therapy, legal and safeguarding pathways and consider jurisdictional variations.

VII. Future Research Agenda

- Develop and test a family impact instrument specifically for relation to psychopathic traits or ASPD and to also keep existing measures of PTSD, depression, burden, grief, resilience and family function for construct validity.
- Perform longitudinal and dyadic analyses of intimate partner relationships to explore the temporal relationships between psychopathic traits, victimization, coping, relationship functioning and mental-health outcomes.
- Highlight prospective research on children brought up by parents who have psychopathic characteristics or ASPD, but avoiding research studies on child psychopathy that are confounded by other parental psychopathology and adverse socio-economic conditions.
- Examine parents and siblings and extended family as separate populations rather than group them into a “caretaker” group.
- Use clinically anchored and dimensional scales of psychopathy/ASPD and report these with clarity.
- Enlarge the base of evidence to include culturally relevant measures and measurement-invariance testing with samples outside of North America and Western Europe, including samples from India and South Asia.
- Review how resilience is a multilevel process (individual coping, social support, family functioning, community resources, and services accessibility).
- When considering family-focused psychoeducation or support interventions, only consider these for evaluation in appropriately designed pilot, controlled or pragmatic trials and not assume that they can be extrapolated from BPD.
- Involve family members and lived-experience stakeholders in outcome measure and priority for interventions design.

VIII. Strengths and Limitations

8.1 Strengths

The review observes an important overlooked aspect of psychopathy research from the family perspective.

- It allows for differentiation between direct evidence and evidence found in neighboring personality disorders and other theoretical evidence, but doesn't equate different types of evidence as equal.
- It merges three trauma constructs, (relational victimization, caregiver burden and ambiguous loss), coping, resilience, and family functioning.
- The updated framework is based on current principles for reporting scoping reviews, including the explicit identification of the need for replicable searches of the databases.
- Indian and international literature are being used to facilitate cultural and methodological relevance.

8.2 Limitations

The evidence base is small and varied. The largest direct partner study employed an online self-selected partner support group recruitment, making generalization limited. Also, the review is based on literature that is peer-reviewed adjacent BPD and caregiver literature, which may lead to overextension. This revised framework does not have an Open Access restriction as the original source manuscript did; however, the final database search and PRISMA counts must be re-done before submission. So, the draft of the current manuscript should be seen as a "substantially revised" version of the earlier search draft, and not as a search that has been done again. Lastly, non-English/low-resource settings may not be adequately represented in the English-language index and databases.

IX. Conclusion

Family members of individuals with psychopathic traits or ASPD remain substantially underrepresented in the evidence base. Existing direct research, particularly with intimate partners, indicates that psychopathy-related relational experiences can be associated with psychological distress, victimization, PTSD, depression, and relationship difficulties. However, the evidence for children, parents, siblings, and extended family members remains insufficient to support population-level conclusions. Adjacent personality-disorder caregiver research demonstrates the value of studying burden, grief, stigma, coping, resilience, family functioning, and family-focused support, but these findings should be treated as conceptual and methodological precedents rather than psychopathy-specific evidence. A rigorous future literature program should therefore move from partner-focused, predominantly cross-sectional work toward longitudinal, family-role-specific, culturally diverse, and clinically anchored research.

Recommended Supplementary Materials for Submission

- Supplementary Table S1: Full database-specific search strategies and search dates.
- Supplementary Table S2: Full-text articles excluded at eligibility stage with reasons.
- Supplementary Table S3: Data-charting form and study-level extraction fields.
- Supplementary Table S4: PRISMA-ScR checklist.
- Supplementary Table S5: Evidence map by family role, outcome, design, and psychopathy operationalization.

Submission note: The title has intentionally been retained exactly as supplied. Before journal submission, the authors should decide whether the target journal permits the title terminology "psychopathic personality disorder." The manuscript itself now distinguishes psychopathy as a construct from ASPD and uses the more precise terminology throughout the text.

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Supplementary Materials

Supplementary Table S1. Proposed database-specific search strategy for the final rerun

Database	Core search structure	Fields / syntax to adapt	Limits to report
PubMed	(psychopath* OR "psychopathic trait*" OR "psychopathic personality" OR "antisocial personality disorder" OR ASPD) AND (famil* OR relative* OR caregiver* OR spouse* OR partner* OR child* OR parent* OR sibling*) AND (trauma OR stress OR distress OR PTSD OR depression OR anxiety OR burden OR grief OR "ambiguous loss" OR resilience OR coping OR "quality of life" OR stigma OR victimization OR "coercive control" OR "intimate partner violence")	Title/Abstract plus MeSH terms where available; document the final PubMed syntax.	Date range, language, humans, and any study-design filters.
PsycINFO	psychopath* OR "psychopathic trait*" OR "psychopathic personality" OR "antisocial personality disorder" AND famil* OR relative* OR caregiver* OR partner* OR spouse* OR child* OR parent* OR sibling* AND trauma OR stress OR PTSD OR burden OR grief OR resilience OR coping OR victimization OR IPV	APA Thesaurus terms plus title/abstract/keyword fields; preserve parentheses exactly in the executed search.	Date range, language, peer-reviewed status, and other limits.
Scopus	TITLE-ABS-KEY(psychopath* OR "psychopathic trait*" OR "psychopathic personality" OR "antisocial personality disorder" OR ASPD) AND TITLE-ABS-KEY(famil* OR relative* OR caregiver* OR spouse* OR partner* OR child* OR parent* OR sibling*) AND TITLE-ABS-KEY(trauma OR stress OR distress OR PTSD OR depression OR anxiety OR burden OR grief OR resilience OR coping OR victimization OR "coercive control" OR "intimate partner violence")	TITLE-ABS-KEY; record the exact executed query and export date.	Date range, language, document type, and subject-area limits.
Web of Science	TS=(psychopath* OR "psychopathic trait*" OR "psychopathic personality" OR "antisocial personality disorder" OR ASPD) AND TS=(famil* OR relative* OR caregiver* OR spouse* OR partner* OR child* OR parent* OR sibling*) AND TS=(trauma OR stress OR PTSD OR burden OR grief OR resilience OR coping OR victimization OR "coercive	Topic field; record databases/collections searched.	Date range, language, document type, and indexes.

	control" OR "intimate partner violence")		
Google Scholar	("psychopathic traits" OR psychopathy OR "antisocial personality disorder") AND (family OR partner OR spouse OR child OR parent OR sibling OR caregiver) AND (trauma OR stress OR burden OR resilience OR victimization OR "intimate partner violence")	Use as supplementary citation discovery rather than the sole reproducible database; record date and screening procedure.	Date searched, screening depth, language, and citation-chaining procedure.

Supplementary Table S2. PRISMA-ScR reporting checklist

PRISMA-ScR item	Reporting requirement	Current manuscript location/status
Title	Identify the report as a scoping review.	Title identifies a scoping review — complete.
Structured summary	Provide background, objectives, eligibility, sources, methods, results, and conclusions.	Abstract — complete/partial; update final search counts.
Rationale	Explain why the review is needed.	Introduction — complete.
Objectives	State review questions/objectives explicitly.	Section 1.1 — complete.
Protocol/registration	State whether a protocol exists and where it can be accessed.	Section 2 — to be finalized transparently; do not claim registration unless completed.
Eligibility criteria	Define inclusion/exclusion criteria and relevant concepts.	Section 2.3 — complete/partial; finalize dates and study-design rules.
Information sources	List databases and other sources with dates searched.	Section 2.2 — sources listed; final search dates/counts to be inserted.
Search	Present reproducible search strategies for all databases.	Supplementary Table S1; final executed strings and dates to be inserted.
Selection of sources	Describe screening and eligibility procedures.	Section 2.5 — complete/partial; add reviewer numbers if applicable.
Data charting	Describe how data were extracted/charted and by whom.	Section 2.5 and Supplementary Table S4 — complete/partial.
Data items	List variables for which data were sought.	Supplementary Table S4 — complete.
Critical appraisal	Describe whether/how source quality was appraised.	Section 2.6 — complete/partial; populate study-level appraisal after final screening.
Synthesis of results	Describe how findings were collated and presented.	Results/discussion — complete/partial; update after final rerun.
Selection of sources of evidence	Report numbers at each screening stage and reasons for exclusion.	Figure 1 and Supplementary Table S3 — historical counts retained; final rerun required.
Characteristics of sources	Present characteristics of included evidence.	Main extraction table and Supplementary Table S5 — complete/partial.
Critical appraisal results	Present appraisal results where appraisal was undertaken.	To be completed after final appraisal.
Results of individual sources	Report relevant findings for individual sources.	Main synthesis and Supplementary Table S5 — complete/partial.
Synthesis of results	Summarize and map evidence in relation to objectives.	Results, thematic synthesis, and evidence map — complete/partial.
Summary of evidence	Summarize the evidence in relation to review questions.	Discussion/conclusion — complete/partial; revise after final rerun.
Limitations	Discuss process and evidence limitations.	Limitations section — complete.
Conclusions	Provide interpretation consistent with the evidence.	Conclusion — complete/partial; retain cautious language.
Funding	Report sources of funding and role of funder.	To be completed by authors before submission.

Supplementary Table S3. Full-text exclusion log for the final screening stage

Study / citation	Full-text obtained?	Primary exclusion reason	Secondary reason / note	Reviewer decision
[Study 1 — insert after final search]	[Yes/No]	[Wrong population / wrong outcome / wrong relationship / wrong design / duplicate / other]	[Details]	[Exclude]
[Study 2 — insert after final search]	[Yes/No]	[Reason]	[Details]	[Exclude]
[Study 3 — insert after final search]	[Yes/No]	[Reason]	[Details]	[Exclude]
[Continue for every full-text record excluded]				

Supplementary Table S4. Standardized data-charting / extraction form

Extraction domain	Variables to record	Purpose
Bibliographic information	Author; year; title; journal; DOI/identifier; country	Identify and contextualize each source.
Family relationship	Partner/spouse; parent; child; sibling; extended family; caregiver	Map which family roles have been studied.
Target population	Psychopathic traits; psychopathy assessment; ASPD diagnosis; mixed personality-disorder sample	Distinguish direct from adjacent evidence.
Sample	N; age; sex/gender distribution; recruitment setting; clinical/community status	Assess transferability and sampling characteristics.
Study design	Cross-sectional; longitudinal; qualitative; cohort; intervention; systematic/scoping review	Map methodological diversity.
Psychopathy/ASPD measure	Instrument/diagnostic method; informant; cut-off or dimensional score	Assess construct definition and comparability.
Family outcomes	PTSD; depression; anxiety; stress; burden; grief; stigma; isolation; relationship functioning; financial/functional effects	Capture multidimensional family impact.
Positive adaptation	Resilience; coping; social support; family functioning; post-traumatic growth	Identify protective factors.
Relational harm	IPV; psychological abuse; coercive control; victimization; conflict	Capture relational mechanisms relevant to family stress.
Measures	Instrument name; validity/reliability information; culturally adapted version if applicable	Evaluate measurement quality.
Key findings	Main quantitative/qualitative findings with effect sizes where available	Support evidence synthesis.
Limitations	Sampling; design; measurement; confounding; self-report; generalizability	Inform critical appraisal.
Evidence proximity	Direct psychopathy/ASPD-family; psychopathy-relationship; adjacent personality-disorder; theoretical	Prevent inappropriate pooling across evidence types.
Appraisal	Tool used and domain-level judgments	Transparent methodological assessment.
Reviewer notes	Interpretive comments and unresolved uncertainties	Maintain audit trail.

Supplementary Table S5. Evidence map by family role and outcome domain

Family role / evidence domain	Psychopathy/ASPD-specific evidence	Psychological outcomes	Relational/social outcomes	Protective factors	Research priority
Intimate partners	Direct evidence identified; strongest current domain	PTSD, depression, psychological distress	Victimization, relationship functioning, coping	Adaptive coping; social support requires further study	Longitudinal and dyadic studies; clinically anchored samples
Children	Insufficient psychopathy-specific family-outcome evidence identified	Outcome profile not established	Attachment/family functioning require direct study	Resilience and developmental protective factors require study	Prospective parent-child studies with validated outcomes
Parents of adults	Insufficient direct evidence identified	Burden, grief and distress not quantified specifically for psychopathy	Family conflict, stigma and role disruption require study	Social support and family functioning	Family-caregiver studies across the life course
Siblings	Insufficient direct evidence identified	Outcome profile not established	Role transition, stigma and family-system effects require study	Sibling support and family cohesion	Mixed-methods and family-system research
Extended relatives	Insufficient direct evidence identified	Not established	Social, financial and support-network effects require study	Extended-family support	Broader family-network studies
BPD/personality-disorder caregiver literature	Indirect/adjacent	Burden, grief, depression, hopelessness and distress	Family functioning and caregiver role disruption	Psychoeducation, coping and family support	Adaptation studies; do not assume diagnostic equivalence
Psychopathy–IPV literature	Directly relevant to relational harm, but not equivalent to family-caregiver evidence	Victim distress and trauma-related outcomes require more family-focused study	IPV perpetration/victimization and relationship dysfunction	Protective factors are underdeveloped	Integrate victim-focused and family-focused research without conflating constructs

Supplementary Table S6. Current included-source extraction matrix

Source	Evidence type	Population / sample	Main contribution to review	Important limitation for current synthesis
Forth et al. (2022)	Direct psychopathy-family empirical study	N=457 current/former intimate partners; online support-group recruitment	Partner experiences, PTSD/depression symptoms, psychopathy severity, coping and relational consequences	Cross-sectional and self-selected sample; limited generalizability
Weiss et al. (2018)	Psychopathy–relationship longitudinal study	Newlywed couples	Links psychopathic traits with couple communication, marital satisfaction trajectories and divorce outcomes	Relationship sample is not equivalent to a clinically defined family-caregiver population
Azeredo et al. (2026)	Systematic review/meta-analysis	35 articles; 30 meta-analyzed studies	Synthesizes evidence on psychopathy and violence between intimate partners	Focuses on IPV rather than broader family trauma/resilience
Chen & Verona (2025)	Empirical psychopathy–IPV study	Community/clinical research sample as reported in source	Examines distinct psychopathy facets in relation to IPV perpetration and victimization	Facet-specific findings should not be generalized to all psychopathy measures
de Ruiter et al. (2022)	Meta-analysis	47 studies; 389 effect sizes; 12,737 participants	Association between childhood maltreatment and psychopathic traits	Addresses developmental antecedents, not consequences for family members
van Beeck et al. (2024)	Empirical mediation study	N=2,023 participants	Childhood trauma, insecure attachment and psychopathic domains	Does not establish family-member outcomes caused by exposure to psychopathic traits
Fonseca-Baeza et al. (2023)	Psychometric/caregiver study	N=233 BPD family caregivers	Caregiver burden measurement and multidimensional structure	BPD caregiver population; indirect evidence for psychopathy review
Lanfredi et al. (2025)	Prospective single-arm intervention	202 caregivers with pre/post data from Family Connections	Burden, grief, depression and psychological distress outcomes following psychoeducation	No psychopathy-specific sample; no randomized control group
Sutherland et al. (2020)	Systematic review	Families/carers of people with BPD	Family/carer support and intervention evidence	Adjacent diagnostic population
Seigerman et al. (2020)	Empirical family study	Family/friend experiences of young people with BPD features	Family experience, burden and relational consequences	BPD-related sample; not psychopathy-specific
Sharan et al. (2023)	Indian clinical practice guidance	Indian clinical context	Cultural/family considerations in personality-disorder assessment and management	Clinical guidance rather than psychopathy-family outcome evidence
Pandey et al. (2019)	Indian psychometric study	Caregivers in Indian population	Culturally relevant caregiver-burden measurement	Not psychopathy-specific
Yang et al. (2026)	Caregiver empirical study	N=353 family caregivers of disabled adults	Resilience, caregiver burden, depressive symptoms and family functioning	Different caregiving population; used only as adjacent resilience evidence