SELF-ESTEEM AND NARCISSISM IN JUVENILE SEX OFFENDERS

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SELF-ESTEEM AND NARCISSISM IN JUVENILE SEX OFFENDERS

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THESIS ABSTRACT

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The present study sought to examine the relationship between self-esteem, adaptive, and maladaptive narcissism in juvenile sex offenders, and how these constructs relate to personality characteristics, psychopathology, and delinquent behaviors. Sixty-one boys residing in a juvenile detention facility completed a clinical interview, psychoeducational testing, and five self-report questionnaires measuring self-esteem, narcissism, personality, and psychopathology. Pertinent information was also extracted from their clinical file. Results indicated that individuals who reported sexual abuse had lower scores on several of the narcissism subscales but not on self-esteem, and physical abuse had no effect on any scores. No differences were found for scores on narcissism and self-esteem based on sexual offense victim age or gender. Most of the externalizing variables were positively predicted by either adaptive or maladaptive narcissism, some in combination with self-esteem. Most of the internalizing variables were negatively predicted by self-esteem, narcissism, or a combination of both. The maladaptive narcissism subscale was a

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significant predictor for most of the internalizing variables. These results highlight the

need to assess self-esteem and narcissism in juvenile sex offenders to assist in treatment

planning and evaluating the risk of recidivism.

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INTRODUCTION

Adolescence is a period of substantial experimentation and differentiation from others and across domains of self-perception. Developmentally, as children reach adolescence, they have the cognitive skills that make them capable of appraising themselves and interpreting appraisals from others (Cramer, 1995). Children are gaining independence from their parents and become more concerned about what others think of them and how they fit in with their peers (Kohut, 1977). Therefore, self-concept and self-esteem seem to play an important role in an adolescent's life.

Self-esteem is defined as the self-evaluative component of the self-concept (James, 1890). Several terms are used interchangeably with self-esteem, including self-view, self-image, and self-appraisal. All of these terms refer to a person's evaluation of competency in certain areas of life or to a global evaluation of overall life functioning. A person's level of self-esteem depends on the extent to which the self-concept is positive or negative, with negative self-concept leading to lower self-esteem (Higgins, 1987). At the core of a healthy person is a healthy self-concept, and a sense of self-worth is considered critical to effective functioning (Freud, 1940; Rogers, 1959). As Marshall, Anderson, and Champagne (1997) paraphrase Baumeister (1986), "If we do not have a firm self-concept, we may suffer from identity confusion leading to numerous cognitive, motivational and emotional problems, and difficulties in interpersonal relationships" (p. 162).

During adolescence, the process of differentiation of self-esteem across various contexts accelerates, meaning that youth are able to hold opinions of their competence in each of multiple areas in life. Because adolescents are beginning to fill multiple roles, their self-appraisals may vary across several areas, such as with parents, close friends, romantic partners, and classmates (Griffin, Chassin, & Young, 1981; Hart, 1988; Harter, Bresnick, Bouchey, & Whitesell, 1998; Harter & Monsour, 1992; Rosenberg, 1986).

As this review will show, level of self-esteem is associated with problem behaviors in adolescents, and one area that has gained particular attention is the linkage between self-esteem and juvenile sexual offending. According to Marshall, Barbaree, and Fernandez (1995), there is evidence to support the idea that sexual offenders are lacking in self-confidence. Furthermore, Brown and Smart (1991) found that people low in self-esteem are less likely to engage in prosocial behavior than those with high self-esteem.

The current trend in literature focusing on self-esteem and problem behaviors includes distinguishing between levels of self-esteem and narcissism. Narcissism, or exaggerated, favorable self-appraisal, has been found to be predictive of juvenile violence (Gacano, Meloy, & Heaven, 1990; Hare & McPherson, 1984; Quay & Werry, 1972). In prior literature, high self-esteem has seemed to be synonymous with the concept of narcissism. New research is emerging to determine whether these constructs fall on the same continuum, or whether they are measuring completely different aspects of the self-concept. Barry, Frick, and Killian (2003) suggested that a combination of the maladaptive aspects of narcissism and low self-esteem is associated with the highest risk for problem behavior. Juvenile sex offenders represent a particularly troublesome group

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of individuals in that they tend to exhibit inadequate relationship styles, lack of empathy, denial or rationalization of offenses, and high levels of aggression (Barbaree, 1991; Marshall, 1989; Marshall & Christie, 1981; Marshall, Hudson, Jones, & Fernandez, 1995). Furthermore, studies have shown that between 46% and 90% of arrested juvenile sex offenders have committed a prior sexual offense not appearing on their criminal records (Awad, Saunders, & Levene, 1984; Becker, Kaplan, Cunningham-Rather & Kavoussi, 1986; Pierce & Pierce, 1987), and about half of all adult sex offenders report their first sex offense occurring during adolescence (Barbaree & Cortoni, 1993; Becker & Abel, 1985). Therefore, the next area of research should explore at the link between self-esteem and narcissism specifically in juvenile sex offenders to determine whether an adolescent's self-concept is important to address in treatment in order to prevent recidivism. Results can then be examined to determine whether these two constructs predict juvenile sexual offenders' behaviors independently or as a single, combined factor. The proposed study will explore the relationship between self-esteem and narcissism in juvenile sex offenders, and how these constructs relate to these youth and their personality characteristics, psychopathology, and delinquent behaviors.

Self-esteem and problem behaviors

There are two lines of empirical evidence on how self-esteem is associated with behavioral problems. One perspective focuses on low self-esteem, in that children with this characteristic have conduct problems and aggression because they have negative feelings about themselves, which can lead to acting out against others (Baumeister, Smart, & Boden, 1996). Also, they may act aggressively because they feel like they have nothing to lose, meaning their self-esteem is so low that they believe they might as well

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just act out against others since they cannot feel any worse about themselves (Bushman & Baumeister, 1998). Low self-esteem weakens ties to society, which might decrease conformity to social norms and increase delinquency (Rosenberg, 1965). Also, breaking rules leads to negative feedback from people significant in an adolescent's life, and this might produce lower self-esteem (McCarthy and Hoge, 1984).

Low self-esteem can also lead a child to associate with deviant peers, resulting in behavior problems (McCarthy & Hoge, 1984). These peers, even though deviant, provide the child with friends or a support group he or she might otherwise be lacking. Also, adolescents with a low self-esteem are more often rejected by their peers (Barnow, Lucht & Freyberger, 2005), and rejection from peers can lead to low self-esteem, starting a cycle that is difficult for a child to escape. These negative experiences might shape their attitudes toward other peers in a way that amplifies aggressive behavior.

Bynner, O'Malley, and Bachman (1981) found that adolescents with low self-esteem tend to engage in delinquency more frequently and that their self-esteem increases as a result of these behaviors. Toch (1993) suggested that people with low self-esteem turn violent as a way of gaining self-esteem. However, those with low self-esteem tend to focus more on weak or helpless targets so as to reduce the likelihood of retaliation, which could weaken self-esteem even more (Baumeister et al., 1996).

Perceived competence, which is how someone evaluates his or her ability to be successful in a certain area, is a possible factor associated with low self-esteem and behavior problems. Children who have lower levels of perceived competence behaviorally and scholastically report engaging in risky activity more frequently than those who have higher levels of competence (Kuther, 2000). Their perceived levels of

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competence can be related to self-esteem in these same areas, showing that when children believe they are unable to perform in behavioral and scholastic contexts, they engage in more risky behaviors.

An alternate perspective to behavior problems and self-evaluation focuses on high levels of self-esteem. High self-esteem is seen by some as adaptive and desirable and can even predict good adjustment (Kahle, Kulka & Klingel, 1980; Taylor, 1989; Taylor & Brown 1988; Whitley, 1983). However, others have found opposing results - that high self-esteem is associated with aggressive behavior and acting with disregard for the rights of others (Baumeister et al., 1996). Traits such as grandiose self-view, the need to be seen in a positive light, and protection against threats to self-image characterize people with high self-esteem. People who regard themselves as superior might feel entitled to help themselves to resources of other 'lesser' human beings (Myers, 1980). Also, violent acts usually involve risk, and people with higher self-appraisals might feel more confident in these situations and be willing to take the chance (Baumeister et al., 1996). Kaplan (1980) found that adolescents associating with a delinquent peer group or gang tend to have a higher self-esteem, possibly because they are comparing themselves to this reference group rather than the mainstream peer group.

One argument is that high self-esteem is related to violence through threats to the ego and exaggerated or inflated self-esteem (Baumeister et al., 1996). If someone feels that his or her self-concept is accurate and then receives feedback that disconfirms this unrealistically positive self-appraisal, his or her self-esteem is threatened. Thus, the higher someone's self-esteem, the more likely he or she will be exposed to an evaluation less favorable than the self-evaluation. This threat to the ego could cause aggressive or

hostile actions as a defense to keep from having to face the reality of revising the self-concept and to reassert dominance over the other person (Steele, 1988). Kernis, Grannemann, and Barclay (1989) suggest that people with high but unstable self-esteem, which fluctuates across situations, have the highest tendencies toward hostility and anger, possibly because they have much to lose and are more vulnerable to an attack on self-esteem.

The question has arisen, however, as to whether high self-esteem is truly the link to behavior problems, or whether these researchers have, instead, described the concept of narcissism. After the section describing narcissism below, the relation between self-esteem and narcissism will be discussed further.

<center>Narcissism and problem behaviors</center>

Calhoun, Glaser, Stefurak and Bradshaw (2000) paraphrased Kernberg's (1975) definition of narcissism as developing from "the inability to resolve the natural tension between the actual and idealized self, and the consequent inflation of his or her own self-image to protect from rejection by idealized others" (p. 565). Narcissism, or exaggerated, favorable self-appraisal is a predictor of juvenile violence and recidivism (Gacano et al., 1990; Hare & McPherson, 1984; Quay & Werry, 1972). Others have found narcissism to be linked to extreme emotional lability and strong reactions that include anger and rage (Emmons, 1987).

Narcissists often inflate their self-images in order to protect themselves from rejection by others, and they also tend to change their interpretation of reality when self-esteem is threatened (Rhodewalt and Morf, 1995). Many times they will maintain self-esteem through the creation of a sense of grandiosity (Kohut, 1977). They may also

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maximize self-esteem by gaining the approval and admiration of others as part of the goal of validating their grandiose self-image (Morf & Rhodewalt, 1993).

One possible reason for narcissism being tied to aggression is that people act out violently, or through deviant and delinquent behavior, when their ego has been threatened (their own inflated self-appraisals are challenged by others), rather than because of low self-esteem (Baumeister, et al., 1996; Kohut and Wolf, 1978). In a laboratory study in which people were given the chance to act aggressively (play a loud noise) toward someone who gave them a negative evaluation, those high in narcissism were the most aggressive (Bushman & Baumeister, 1998). They did not act more aggressively toward a third person who had given no appraisal. Thus, high levels of narcissism combined with threats to the ego were the most predictive of aggressive behavior, which indicates that someone who has a high level of narcissistic traits will want to punish only those who pose a threat to these highly favorable self-views. Interestingly, these researchers also found that neither self-esteem alone, nor its interaction with ego threat, had any effect on aggressive tendencies.

Kohut (1977) suggested that narcissism can be a healthy dimension of personality in that it helps children form a stable self-representation by relying on internal factors (self) rather than external appraisals (parents). However, he also believed that pathological narcissism stems from a reliance on approval from others in order to preserve the narcissist's fragile self-esteem. A person whose self-concept is highly dependent on the validation by others may be more sensitive to ego threats, which could lead to inappropriate behavior designed to combat these threats, such as hostility and aggression (Baumeister et al., 1996).

Raskin and Terry (1988) propose that narcissism can be separated into two distinct dimensions: adaptive and maladaptive traits. The adaptive traits are those most similar to someone with high self-esteem, such as confidence in one's abilities (self-sufficiency) and the view of oneself as a leader (authority). The maladaptive aspects of narcissism focus on the desire to achieve status over others (exploitativeness), desire to be viewed as more important than others (entitlement), and a need to receive attention and praise from others (entitlement).

<p style="text-align:center">The relationship between self-esteem and narcissism</p>

Low self-esteem and narcissism seem to be separate constructs, not opposing ends of the same spectrum. Rosenberg (1965) stated, "when we deal with self-esteem, we are asking whether the individual considers himself adequate – a person of worth – not whether he considers himself superior to others" (p.62). Thus, a person can have high self-esteem without being narcissistic in an unhealthy way. It is also possible that narcissism may be a defensive mask that serves to hide feelings of insecurity (Kernberg, 1975), which could be an indication of low self-esteem.

Papps and O'Carroll (1998) found that people with high self-esteem and high narcissism reported a significantly greater tendency to experience anger than those with high self-esteem and low narcissism. Therefore, they suggest that narcissistic high self-esteem, rather than "nonnarcissistic" high self-esteem, is associated with feelings and expression of anger. According to this finding, high self-esteem individuals may react to self-esteem threats; however, those with a narcissistic self-view may act more aggressively because they have the most to lose since their self-view is unstable and unrealistically favorable. The people high in self-esteem and low in narcissism report

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lower levels of anger possibly because they hold much more realistic views of their own good qualities, and they are less threatened by negative feedback. On the scale measuring anger in response to criticism, people with low self-esteem and high narcissism had the highest scores on levels of anger out of all groups in the study, suggesting that self-esteem level may have very little influence on the expression of anger. Papps and O'Carroll (1998) argue that the level of narcissism determines the level of anger independent of self-esteem level, with high narcissism being the best predictor.

It is important to note that narcissism is likely not a direct cause of aggression, but rather a risk factor that can contribute to an aggressive response following provocation (Baumeister, Bushman & Campbell, 2000). Bushman and Baumeister (1998) found that narcissists' aggression did not differ from that of other people as long as there was no insult or provocation. Instead, it was only when there was a threat to one's perception of worth that aggressive responses increased.

Someone can have high self-esteem by having a healthy positive self-view and no feelings of grandiosity or the need to look good to others (i.e. narcissistic qualities). It is possible that narcissists have an inflated self-esteem, whereas other people have high self-esteem that is well founded (Bushman & Baumeister, 1998). Barry et al. (2003) suggest that the combination of the maladaptive aspects of narcissism and low self-esteem show the highest risk for problem behavior. They determined that when the variance attributable to scores on the maladaptive composite was controlled, self-esteem did not contribute uniquely to the prediction of conduct problems. Therefore, they believe a combination of low self-esteem and maladaptive narcissistic traits is the most accurate predictor of behavior problems. Donnellan, Trzesniewski, Robins, Moffitt, and

Caspi (2005) also found that low self-esteem and narcissism contribute independently to aggressive thoughts, feelings, and behaviors. When they removed healthy self-regard from narcissistic self-perception measures, the relationship between low self-esteem and aggression became even stronger.

<center>Self-esteem and narcissism in sex offenders</center>

Researchers have found sexual offenders to report low self-esteem (e.g., Marshall et al., 1997; Marshall & Barbaree, 1990). Marshall et al. (1997) argued that low self-esteem prompts males to pursue ways of satisfying their sexual needs that are nonthreatening (with children) or nondemanding (with a coerced partner), which fosters a sense of power that is otherwise lacking in their lives. They also suggest that low self-esteem is a barrier to effective participation in treatment. Relatedly, Thornton, Beech, and Marshall (2004) found that low self-esteem prior to treatment in adult males is associated with higher sexual recidivism rates.

Sexual offenders tend to deny and rationalize their offenses, placing responsibility on factors outside themselves (Abel, Gore & Holland, 1989; Marshall, 1996; Murphy, 1990; Segal and Stermac, 1990), and these distortions can serve to protect their already poor image of themselves from further damage (Marshall et al., 1997). The self-esteem of sexual offenders can be decreased even further by the feedback they receive from others about the repugnance of their crimes (Marshall et al., 1997). Therefore, a pattern of reoffending can progressively reduce self-esteem and cause a cycle of crime.

Thornton, Mann, and Bowers (2000) found that the grandiose interpersonal style and callous, shallow affect were related to high self-esteem, and impulsiveness was

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related to low self-esteem. The interpersonal components of psychopathy, such as grandiosity, had no relation to repetitive sexual offending, whereas lifestyle impulsiveness and low self-esteem was found to be associated with repetitive offending (Thornton, 2001).

Researchers who associate sexual offending with high self-esteem describe the offenders' psychopathic features with the word "grandiosity," or having an arrogant, deceptive interpersonal style (Thornton et al., 2004). Grandiosity is an important feature of psychopathy, along with callousness and impulsiveness (Hare, 1991). Groth (1979) considered high but unstable self-esteem to be the cause of sexual violence because rapists reported insults to their self-esteem prior to their offenses. The rapists then are compelled to "restore [their] sense of power, control, identity, and worth" (p. 31). The high self-esteem that Groth described is more consistent with the definition of grandiosity, or an unstable, overly positive sense of superiority. Other researchers have found signs of egotism among rapists who bragged about their sexual feats and other accomplishments (Scully & Marolla, 1990).

Clinical characteristics associated with self-esteem and narcisissm

Low self-esteem has been known to be related to several internalizing behaviors. Zemore and Bretell (1983) found significant correlations between depression proneness and low self-esteem. Some researchers found low self-esteem to be a significant predictor of depressive symptoms for people whose self-esteem levels vary little from day-to-day (Kernis, Grannemann, & Mathis, 1991). However, others reported that low self-esteem predicts depression in people whose self-esteem levels are highly variable (Oosterwegel, Field, Hart & Anderson, 2001). Self-esteem has been found to be

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negatively associated with internalizing symptoms of depression and anxiety only in adolescents with lower exploitative narcissism scores (Washburn, McMahon, King, Reinecke, & Silver, 2004). Low self-esteem has also been associated with bulimia and anorexia nervosa (Williams, Power, Millar, Freeman, Yellowlees, et al., 1993). High self-esteem is associated with less depression (Tennen & Affleck, 1993), less neuroticism (Robins, Hendin, & Trzesniewski, 2001), and higher levels of productivity and happiness (Baumeister, 1998). Self-esteem has been found to correlate positively with academic achievement and IQ scores (Ortiz & Volloff, 1987; Simon & Simon, 1975). However, other researchers have failed to find a relationship between high self-esteem and intelligence (Gabriel, Critelli, & Ee, 1994).

Individuals who have experienced childhood sexual and physical abuse typically experience several negative effects on their emotional functioning, including their self-concept. Adolescents who have been sexually abused reported lower levels of self-esteem (Ackard & Neumark-Sztainer, 2003). However, Tufts (1984) found no significant differences in self-esteem levels of children who were victims of sexual abuse versus non-victims across all age groups from preschool to adolescence. Child victims of physical abuse between the ages of 7 and 13 years experienced lower self-esteem than nonabused age-matched counterparts (Allen & Tarnowski, 1989).

A high level of narcissism is related to psychopathy and externalizing behaviors, rather than internalizing behaviors. Narcissistic vulnerability has been found to be unrelated to depression proneness (Zemore & Bretell, 1983). Higher levels of narcissism have been found to predict proactive and reactive aggression, as well as conduct problems, with self-esteem not contributing any unique variance to these outcomes once

narcissism was accounted for (Barry, Thompson, Barry, Lochman, Adler, et al., 2007). Since narcissism is one of the factors that makes up psychopathy (Hare, 1991), several other characteristics of a psychopathic individual can be tied to narcissism, such as impulsivity, short-sightedness, concern for immediate gratification, and easy arousal or frustration that can lead to aggressive reactions (Cleckley, 1976). Youth with high levels of psychopathy are more likely to have a history of violent behavior than those with lower levels of psychopathy (Murrie, Cornell, Kaplan, McConville, & Levy-Elkon, 2004).

High self-esteem is also associated with maladaptive outcomes, such as aggression and violence (Baumeister et al., 1996) as well as denial of responsibility for failure (Fitch, 1970). Teacher-reported aggression was found to decrease at a greater rate in adolescents who had higher adaptive narcissism and self-esteem scores, whereas adaptive narcissism had no effect on aggression at lower levels of self-esteem (Washburn et al., 2004). Therefore, adaptive narcissism may serve as a protective factor against aggression in adolescents with high self-esteem. A potential explanation for these inconsistent findings may be that self-esteem and narcissism interact in such a manner to identify individuals with distinctly different levels of adaptive and maladaptive behaviors.

PURPOSE OF THE STUDY

With regard to juvenile sex offenders, no research could be found on the difference between high self-esteem and narcissism, nor on the combination of low self-esteem and maladaptive narcissistic traits. Therefore, this study addressed this area by exploring both self-esteem and narcissism in sex offenders. In addition, no research to date has focused on the relationship between self-esteem and narcissism and psychopathology, personality characteristics, and mental functioning in juvenile sex offenders. This study will integrate behavioral and emotional outcome variables with juvenile sex offenders' self-views (self-esteem and narcissism) in order to increase our understanding of delinquent sexual behavior. Findings may assist with the development of more prescriptive treatment programs for sexual offenders that take into account the separate and combined relationship of self-esteem and narcissism in the prediction of subsequent psychopathology.

The first goal of the current study is to characterize self-esteem and narcissism in juvenile sex offenders by demonstrating that they represent a heterogeneous group along these independent dimensions. Furthermore, victim characteristics are expected to predict levels of self-esteem and narcissism such that offenders with younger victims are hypothesized to have lower levels of self-esteem than offenders with peer age or older victims.

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The second goal is to explore how self-esteem and narcissism relate to several clinical variables - psychopathology, personality characteristics, and delinquency. Self-esteem is hypothesized to be positively correlated with intelligence scores. Numerous clinical measures will be used to assess personality characteristics and their relationship to self-esteem and narcissism. Maladaptive narcissism alone is expected to positively correlate with and be more predictive of psychopathic characteristics, externalizing behaviors, and a more extensive history of violent behavior. The combination of positive maladaptive narcissism and negative self-esteem should create a more accurate prediction of violent and externalizing behaviors.

Self-esteem and maladaptive narcissism scores are expected to predict levels of internalizing behaviors, such as depression and anxiety. It is hypothesized that both self-esteem and maladaptive narcissism scores will be negatively correlated with depressive and anxious feelings. In addition, self-esteem scores are expected to be lower in adolescents who report being sexually and/or physically abused versus non-abused adolescents, with those who experienced both types of abuse having the lowest scores of all groups.

METHOD

Participants

Subjects were drawn from the Accountability Based Juvenile Sex Offender

Assessment and Treatment Program (ABSOP), a state-funded program of research being

conducted at the Mt. Meigs juvenile detention complex, a residential Department of

Youth Services (DYS) facility in Alabama. Data were gathered from sixty-one male

residents, ranging from 10-18 years of age (M = 15.8, SD = 1.46). Ethnicity of

participants included Caucasian (47.5%), African-American (49.2%), biracial (1.6%), and

other (1.6%). All of the participants had been adjudicated by an Alabama county court for

a sexual offense.

Measures

Through ABSOP, every adjudicated youth was required to complete a 6.5 hour

assessment protocol prior to beginning therapy for their sexual offending behaviors. The

protocol included a comprehensive clinical interview (40 minutes), two clinician-

completed rating scales (30 minutes each), one diagnostic interview (30 minutes),

intelligence and achievement screening measures (60 minutes), an executive functioning

test battery (90 minutes), and eleven self-report measures (100 minutes). Examiners also

had access to each offender's Department of Youth Services file in order to confirm

interview information and to obtain the criminal records and arrest history of each youth. The current study focused on the measures discussed below.

Narcissistic Personality Inventory – Juvenile Offender (NPI-JO). The NPI-JO (Calhoun et al., 2000) is a 40-item self-report rating scale designed to assess the behavioral criteria of the construct of narcissism in juvenile offenders. It is an adaptation of the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979) in which some of the items are reworded to account for the comprehension and reading levels of the juvenile offender population. See Appendix A for a copy of the measure. The original NPI was developed to assess the DSM-III (American Psychiatric Association [APA], 1980) description of narcissistic personality disorder in nonclinical adult samples, and it has been found to have good concurrent validity with other measures of narcissism (Raskin & Terry, 1988). Each item on the NPI-JO consists of two statements, with participants asked to choose the statement in the dyad that best describes themselves. Eight factor-analytically derived scores are obtained, and then these scores are aggregated to form the Adaptive (Authority, Superiority, Vanity, Self-Sufficiency) and Maladaptive (Exhibitionism, Entitlement, Exploitativeness) composite scores. Scoring procedures are based on the original NPI scoring format and are included in Appendix B (Raskin & Terry, 1988). Internal consistency reliability for the NPI-JO was found to have an alpha of .85, which is comparable to the alphas of the original NPI ranging between .80 and .86. Alphas for the adaptive and maladaptive subscales were found to be .77 and .73, respectively. (Bradshaw, 2004; Raskin & Terry, 1988).

Self-Perception Profile for Adolescents (SPPA). The SPPA (Harter, 1988) is a 28-item self-report rating scale designed to assess the multidimensional adolescent self-

concept, measuring self-worth in eight specific domains, as well as global self-worth. The question format of the SPPA is a structured alternative format, in which the adolescent is provided with two alternatives and asked to decide which description is most like him or her. After making the decision between the two alternatives, the adolescent decides if the statement is "really true for me" or "sort of true for me," which creates a 4-point scale that is recoded after administration so that higher numbers represent positive self-perceptions. SPPA scores from the eight specific subscales were summed to create a composite score for this study, which was named the SPPA Total Score. The global self-esteem subscale was retained as it provides information about a more general self-concept and is not based on ratings of specific areas of functioning. Reliability for each subscale, as calculated by Cronbach's alphas, ranges from 0.58 to 0.92 (Harter, 1988).

Comprehensive Clinical Interview. The pre-treatment clinical interview is a semi-structured protocol aimed at collecting historical information relevant to understanding the behavioral functioning and the salient environmental contexts of the juvenile sexual offender sample. Information obtained includes: relevant demographics, family history and adjustment issues, health screening issues, alcohol and drug use, educational and work history, abuse and trauma history (e.g., sexual abuse, physical abuse, and neglect), current stressors, detailed criminal history, history of psychological and psychiatric problems, and their history of sexual offending behavior.

Hare Psychopathy Checklist: Youth Version (PCL:YV). The PCL:YV is a 20-item rating scale designed to assess personality traits or stable dispositions that are consistent with the development of a psychopathic personality pattern in adolescents (Forth, Kosson, & Hare, 2003). This pattern has been linked to an increased likelihood of future

criminal activity, the development of pronounced interpersonal deficits, and poor occupational and social functioning in adults (Hare, 1991). The measure is designed for males and females ranging in age from 12 to 18, and represents an extension of the Hare Psychopathy Checklist – Revised (Hare, 1991) that has been used to assess psychopathic tendencies in adults for over a decade. The measure offers individual items scored on a 3-point Likert-scale, a total score, and two important factor scores designed to gauge two distinct patterns of psychopathic personality development. The first factor, termed the Selfish, Callous, Remorseless Use of Others Factor, gauges a collection of interpersonal and affective traits consistent with the construct of psychopathy in adults (Hare, 1991). The second factor score on the PCL:YV is termed the Chronically Unstable and Antisocial Lifestyle Factor. This factor score assesses how "aimless, irresponsible, and impulsive" individuals are during their daily lives (Hare, 1991). Published studies of the PCL:YV reported acceptable internal consistency (alpha range = .75 to .89) and interrater agreement (.85 to .93; Forth, 1995; Kosson, Cyterski, & Steuerwald, 2002; Toupin, Mercier, Dery, Cote & Hodgins, 1996).

The Reynolds Adolescent Depression Scale (RADS). The RADS is a 30-item self-report measure designed to assess a wide range of depressive symptoms in youths ranging in age from 13 to 18. Using a 4-point Likert scale, individuals are assessed for the presence of cognitive, vegetative, somatic, and interpersonal type symptoms of depression. The measure has shown excellent internal consistency with alpha scores ranging from .91 to .94. Test-retest reliability range from .63 to .79. Convergent and concurrent validity indices have been shown to fall in the adequate to good range, while

the construct and divergent validity of the measure was described by the author as adequate (Reynolds, 1987; Reynolds & Mazza, 1998).

Millon Adolescent Clinical Interview (MACI). The MACI is a 160-item self-report inventory normed on referred 13 to 19 year-old adolescents. The MACI has 31 scales that assess personality patterns, expressed concerns, clinical syndromes, and modifying indices. Test-retest reliability ranges from .57 to .92, internal consistency ranges from .69 to .90, and the median stability coefficient of the scales is .82 (Millon, Millon, & Davis, 1993).

The Jesness Inventory (JI). The JI is a 155-item true/false questionnaire that results in ten trait scores and an index of asocial tendencies. These 11 indices can be utilized by researchers to classify juvenile delinquents into one of nine subtypes. This measure yields scale scores that are internally consistent, and it features adequate criterion and predictive validity and test-retest reliability (.58 to .65) (Jesness, 1988, 1996).

Wechsler Abbreviated Scale of Intelligence (WASI). The WASI (The Psychological Corporation, 1999) is a brief, individually administered test of intelligence designed for individuals from age 6 to 89. Standardized on a stratified national sample according to 1997 U.S. Census figures, the WASI yields a Verbal Scale IQ (VIQ), Performance Scale IQ (PIQ), and a Full Scale IQ (FSIQ). Excellent internal consistency and test-retest reliability have been found, and scores on the WASI correlate highly with other ability tests (The Psychological Corporation, 1999; Sattler, 2001).

Procedure

Each youth was initially provided with a detailed assent form and information on the nature of the assessment. They were informed that all sexual offenders at Mt. Meigs are required to go through the assessment as part of their court-ordered treatment but that they had the option of allowing their data to be used for research purposes with the assignment of an anonymous identification number. Subjects were told that the purpose of the research was to better understand sexual offenders in order to make treatment more effective. Youths were free to withdraw from participation as research subjects or to take breaks from the assessment sessions at any time.

The comprehensive clinical and diagnostic interview, two clinician rating scales, and intelligence testing were administered by supervised clinical psychology graduate students from Auburn University. The eleven self-report measures were read to the subjects by an Auburn University undergraduate research assistant. The assessment protocol typically took two to three days to complete, and no youth was required to complete the entire assessment in one day.

RESULTS

Characterization of Self-Esteem and Narcissism in Juvenile Sex Offenders

Descriptive statistics for the main study variables are provided in Table 1, showing adequate variability in the measures to detect potential associations. Zero-order correlations among the main predictor variables and between these variables and age and Full Scale IQ are reported in Table 2. Age and IQ correlations are presented because of possible effects on self-esteem or narcissism reports, as well as their associations with delinquency. Age was significantly correlated with only the SPPA Job Competency subscale ($r = .28$, $p = .026$) and no NPI-JO subscales. Full-scale IQ (FSIQ) scores were significantly correlated with the SPPA Scholastic ($r = .37$; $p = .004$), SPPA Job Competency ($r = .41$; $p = .001$), and SPPA Close Friends ($r = .34$; $p = .008$) subscales and none of the NPI-JO subscales. Due to their weak correlations with the current variables under investigation, age and intelligence are not considered in further analyses.

To determine whether self-esteem and narcissism in juvenile sex offenders was associated with age of the victim or victim gender, independent samples t-tests were performed based on sexual offense characteristics and included all SPPA subscales, the SPPA Total score, all NPI-JO subscales, and the NPI-JO Adaptive and Maladaptive composite scores. Age of victim relative to the offender was grouped into 'younger than offender' (n = 34) and 'same age or older than offender' (n = 16), with 'mixed pattern' (n = 8) and 'unknown' (n = 3) not included in the analysis due to small sample size. Victim

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gender was only analyzed 'male' (n = 19) versus 'female' (n = 36) because of a small sample size of the 'mixed pattern' (n = 5) and 'unknown' (n = 1) groups. No significant differences were found with these variables in terms of both individual subscales and total levels of self-esteem and narcissism.

Some sexual offenders reported experiencing prior sexual and physical abuse, which was hypothesized to be associated with levels of self-esteem and narcissism. A 2x2 ANOVA was conducted with all SPPA subscales, the SPPA Total score, all NPI-JO subscales, and the NPI-JO Adaptive and Maladaptive composite scores using sexual and physical abuse as the between-subjects factors. Main effects were found involving participants who reported being sexually abused (n = 23) versus non-victims of sexual abuse (n = 38) for the following subscales - NPI-JO Authoritative, $F(1,57) = 4.98$; $p = .03$, NPI-JO Exhibitionism, $F(1,57) = 4.96$; $p = .03$, and NPI-JO Superiority, $F(1,57) = 5.40$; $p = .02$ - and for the NPI-JO Adaptive composite, $F(1,57) = 4.65$; $p = .04$, indicating that individuals who were sexually abused scored lower on these scales. No significant differences were found for any SPPA or NPI-JO variables for participants who reported that they were physically abused (n = 19) versus those who reported not being victims of physical abuse (n = 42). Furthermore, the interaction term of sexual and physical abuse produced no significant effects on self-esteem or narcissism scores. No significant differences in the SPPA Total score were found between sexual or physical abuse victims and non-victims.

Regression Models with SPPA and NPI-JO

To create a summary SPPA value, scores on all subscales except the global subscale were added together to form the SPPA Total score. This allowed for greater

variability of scores while including the influence of domain specific areas of self-esteem. The global subscale was not used in any subsequent analyses. Stepwise regression analyses were performed by entering the SPPA Total, NPI-JO Adaptive, and NPI-JO Maladaptive main-effect scores first, two-way interaction terms next, and the three-way interaction term in the last step. All predictor variables were centered before creating the interaction terms. Results of these analyses are presented in Tables 3, 4, and 5, with the final model for each analysis being reported. For analyses in which a stepwise regression would not run due to the nonsignificance of all of the predictor variables, a simple regression in which all variables were entered simultaneously was performed, and these values are reported in the tables.

Prediction of Externalizing Behaviors by Self-Esteem and Narcissism. Results of regressions performed with externalizing behavior variables are reported in Tables 3 and 4. Of the delinquency background variables, total number of suspensions from school was significantly predicted by the SPPA Total score in a negative direction and predicted positively by the NPI-JO Adaptive subscale. Total number of arrests was significantly predicted positively by the NPI-JO Adaptive scale. No other regression analyses of delinquency characteristics (fights in the last year, fights in the last 3 years, # of detention commitments, # adjudicated sex offenses, total # of sex offense victims) produced significant results.

The MACI and Jesness Inventory had several scales of externalizing behaviors that were predicted by various combinations of SPPA and NPI-JO subscales. The significant MACI scales included Unruly, Forceful, Oppositional, Substance Abuse Proneness, Delinquent Predisposition, and Impulsive Propensity. Scales predicted by the

NPI-JO Maladaptive subscale only included Oppositional, Delinquent Predisposition, and Impulsive Propensity. The NPI-JO Adaptive subscale by itself only predicted the Unruly scale. No scales were predicted by the SPPA Total score on its own; however, the Forceful and Substance Abuse Proneness subscales were predicted by both the SPPA Total and the NPI-JO Maladaptive scores. The Jesness Inventory produced significant regression predictions for the Manifest Aggression and Asocial Tendencies subscales, with Manifest Aggression being predicted positively by the NPI-JO Maladaptive scale and Asocial Tendencies being predicted positively by the NPI-JO Adaptive scale.

Psychopathic characteristics were measured by the Dramatizing and Egotistic subscales of the MACI and by the Hare PCL:YV. Both MACI subscales were significantly positively predicted by the SPPA Total score. In addition, both Hare PCL:YV Factors 1 (Selfish, Callous, Remorseless Use of Others) and 2 (Chronically Unstable and Antisocial Lifestyle) were significantly predicted in a positive direction by the NPI-JO Adaptive subscale, and Factor 2 was also predicted negatively by the SPPA Total score.

Prediction of Internalizing Behaviors by Self-Esteem and Narcissism. Results of regressions performed with internalizing behavior variables are presented in Table 5. The MACI includes several subscales that indicate internalizing behaviors, of which significant regression results were obtained for the Introversive, Inhibited, Submissive, Conforming, Anxious Feelings, and Suicidality scales. The NPI-JO Maladaptive subscale on its own predicted the Submissive and Anxious Feelings scales in the negative direction and positively predicted the Suicidality scale. The NPI-JO Adaptive scale and SPPA Total scores on their own did not predict any MACI subscales. The combination

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of the SPPA Total score and the NPI-JO Adaptive subscale predicted the Inhibited score, both in the negative direction. The combination of SPPA Total score and the NPI-JO Maladaptive scale predicted the Conforming subscale. Finally, the combination of SPPA Total score and the NPI-JO Adaptive/NPI-JO Maladaptive interaction term predicted the Introversive scale, both in the negative direction. The Reynolds Adolescent Depression Scale (RADS) Total Score was significantly predicted positively by the NPI-JO Maladaptive scale and negatively predicted by the SPPA Total score. The Social Maladjustment score on the Jesness Inventory was positively predicted by the NPI-JO Maladaptive score.

DISCUSSION

Characterization of Self-Esteem and Narcissism in Juvenile Sex Offenders

As hypothesized, self-esteem and narcissism were determined to be reported with considerable variability in a group of juvenile sexual offenders. A full range of scores was obtained on both the SPPA and NPI-JO, indicating that these measures appropriately tapped into varying levels of these constructs in a juvenile delinquent population.

Self-esteem was weakly associated with intelligence, with significant correlations ranging from .34 to .41 on the SPPA Scholastic, Job Competency, and Close Friends subscales only. No aspects of narcissism were significantly related to intelligence. These results mostly support Gabriel, Critelli, and Ee's (1994) findings that failed to establish a link between high-self esteem and intelligence, since, in the current study, the associations were very domain-limited. However, they also support research that has found self-esteem to correlate positively with IQ scores (Ortiz & Volloff, 1987; Simon & Simon, 1975). The moderate positive association between self-esteem and intelligence in these specific areas of functioning is most likely related to the nature of the study sample that had a lower overall mean IQ score than the normative population. Intelligence is strongly associated with scholastic achievement, so participants in this study who obtained lower intelligence scores would likely report low self-concept in the academic realm. Furthermore, intelligence is related to job competency and close friendships through the adaptive functioning pathway. Research with a forensic sample has shown

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that intelligence scores are moderately to highly correlated with adaptive functioning (r = .63 to r = .91), which includes areas such as socialization, communication, and daily living (Hayes, 2005). Therefore, adolescents in the current study who have higher IQs are likely to report higher competence in the areas of jobs and close friends, whereas those who have lower IQs would report lower competence levels, thus supporting the positive correlation that was found.

In terms of offense characteristics, no differences on the SPPA and NPI-JO subscales or total scores were found between offenders based on victim age (peer age or older versus younger) and victim gender (male versus female). Thus, victim type had no influence on the various domains of self-esteem and narcissism, nor did it have any effect on total levels of self-esteem or narcissism. This finding is in contrast to Marshall et al. (1997), who suggested adult sexual offenders have low self-esteem and pursue sexual gratification through non-threatening targets, such as with younger victims. This link between low self-esteem and victim type was not supported by the current study, which could indicate a difference in self-esteem evaluation by adolescent versus adult sexual offenders. Adolescence is a time of growth, development, and differentiation of a sense of self (Harter et al., 1998), so it is possible that self-esteem is not fully formed and stable in adolescents when they self-report it. Furthermore, adolescent sexual offenders may pursue their victims for reasons other than to achieve sexual gratification through a non-threatening target as Marshall et al. (1997) suggest. Some research indicates that adolescent sexual offenses are committed by individuals who feel socially isolated, less family cohesion, and report more frequent and extreme sexual fantasies than non-offenders (Miner & Munns, 2005; Smith, Wampler, Jones, & Reifman, 2005).

The Relationship of Sexual and Physical Abuse to Self-Esteem and Narcissism

Juvenile offenders who had been sexually abused scored lower than those who were not victims of sexual abuse on the NPI-JO Authoritative, Exhibitionist, Superiority, and Adaptive composite. These results partially support Ackard and Neumark-Sztainer's (2003) findings that adolescent sexual abuse victims have lower self-esteem than non-victims. Two of the three aspects of narcissism (authoritative and superiority) that showed a significant association are generally indicative of positive self-concept, as they are part of the adaptive composite of the NPI-JO. However, given that the current study found no relationship between self-esteem and sexual abuse victimization, results are more indicative of Tufts' (1984) study that found no difference in self-esteem levels between sexual abuse victims and non-victims. Being a victim of physical abuse had no effect of its own nor was there an interaction effect of both sexual and physical abuse on self-esteem and narcissism. These results are in contrast to prior research that found an association between physical abuse and lower self-concept (Allen & Tarnowski, 1989). One possible explanation is that physical abuse reports by children and adolescents are highly variable in that they may either overreport or underreport instances of abuse (Hilton, Harris, & Rice, 1998; Femina, Yeager, & Lewis, 1990). The current study sample could have been composed of participants with heterogeneous accounts of physical abuse, ranging from spanking to severe beatings that caused injury. Because of the nature of the physical abuse variable used in this study, which was only reported as whether the adolescent endorsed experiencing any physical abuse at all, the possible association with self-esteem could have been nullified due to the grouping of serious and mild cases together. Chronic physical abuse has been associated with children's

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diminished capabilities to hold close relationships with peers and heightened rejection by peers (Bolger & Patterson, 2001; Bolger, Patterson, & Kupersmidt, 1998). Therefore, this ongoing pattern of abuse seems to impact the social functioning of children, which could reduce their overall feelings of self-worth. This is not to suggest that "mild" abuse is devoid of psychological or developmental impact. Rather, it suggests the need to carefully examine the contextual variables and additive effects associated with abuse.

Prediction of Externalizing Behaviors by Self-Esteem and Narcissism

The hypothesis that NPI-JO Maladaptive scores would positively predict violent, aggressive, and externalizing behaviors and that SPPA Total scores would negatively predict these behaviors was supported for the MACI Forceful and Substance Abuse Proneness subscales. Individuals with higher levels of maladaptive narcissism and lower self-esteem reported being more forceful and more abusive of substances, which is commensurate with Barry et al.'s (2003) findings that maladaptive aspects of narcissism and low self-esteem show the highest risk for problem behavior.

The NPI-JO Maladaptive subscale alone positively predicted the MACI Oppositional, Delinquent Predisposition, and Impulsive Propensity subscales and the Jesness Inventory Manifest Aggression subscale, which supports prior research findings that narcissism is related to juvenile violence and anger (Barry et al., 2003; Emmons, 1987; Gacano et al., 1990; Hare & McPherson, 1984; Quay & Werry, 1972). Furthermore, Steele (1988) found threats to the ego to cause aggressive or hostile actions as a defense to protect self-concept, which could be an exaggerated or inflated self-esteem (Baumeister et al., 1996). Maladaptive narcissism stems from an individual's need to achieve status over others, and because the self-concept is highly dependent on

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validation by others, it would be more sensitive to ego threats and more likely to lead to acting out behavior to combat these threats (Baumeister et al., 1996; Raskin & Terry, 1988). Therefore, the current results that oppositional, delinquent, impulsive, and aggressive behavior are positively related to maladaptive narcissism support this prior research.

The SPPA Total score alone positively predicted the MACI Dramatizing and Egotistic subscales. These results support research that self-esteem is positively related to narcissistic qualities, which include dramatization and egotism (Kernis & Sun, 1994). However, the non-significant relationship between these two subscales and the NPI-JO scores is in contradiction to what would be expected, since dramatization and egotism are assumed to be part of the construct of narcissism. One possibility for a lack of convergence is the nature of the measures. The NPI-JO is a downward adaptation of a scale originally used with adults to examine narcissistic qualities, so it is still unclear how valid and reliable this instrument is with incarcerated adolescents. The MACI, on the other hand, was originally normed on referred adolescents and has been used extensively with incarcerated adolescents. Thus, the MACI may be more valid and reliable at tapping into the dramatizing and egotistic constructs for the current study population.

Hypotheses in the current study did not include NPI-JO Adaptive scores predicting any externalizing behaviors. However, several outcome variables were positively predicted by the NPI-JO Adaptive scale, including the MACI Unruly subscale, Jesness Inventory Asocial Tendencies subscale, Hare Psychopathy Checklist (PCL:YV) Factor 1 (Selfish, Callous, Remorseless Use of Others Factor), and total number of arrests. These results indicate that individuals with higher adaptive narcissism scores

tend to be more unruly, more asocial, more callous, and have a higher number of total arrests. Adaptive narcissism on the NPI-JO includes the Authority, Superiority, Vanity, and Self-Sufficiency subscales and is related to high self-esteem (Raskin & Terry, 1988). Baumeister et al., (1996) found high self-esteem to predict aggressive behavior and acting with disregard for the rights of others. Therefore, the results of the Unruly and Asocial Tendencies subscales and the total number of arrests support this prior research.

The Hare PCL: YV Factor 1 score has been associated with traits consistent with the construct of psychopathy in adults (Hare, 1991), so it would be expected to be highly related to the NPI-JO Maladaptive score which also measures more psychopathic narcissistic traits such as the desire to achieve status over others, the desire to be viewed as more important than others, and a need to receive attention and praise from others. Instead, it was found to be predicted by the Adaptive subscale, which could be explained by the fact that higher narcissism in general is associated with psychopathy (Hare, 1991). In addition, total number of suspensions from school and the Hare Psychopathy Checklist Factor 2 (Chronically Unstable and Antisocial Lifestyle Factor) were significantly predicted by both the SPPA Total score in a negative direction and positively by the NPI-JO Adaptive subscale. Therefore, individuals who report more suspensions from school and are more "aimless, irresponsible, and impulsive" (Hare, 1991), have lower total self-esteem and higher adaptive narcissism. Low self-esteem is associated with delinquency, conduct problems, and aggression (Bynner et al., 1981), so our results partially support this prior research. However, high self-esteem, which is associated with adaptive narcissism (Raskin & Terry, 1988), has also been found to predict aggressive behavior (Baumeister, et al., 1996), so the current results partially support this research as well.

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Prediction of Internalizing Behaviors by Self-Esteem and Narcissism

Mixed results were found for the prediction of various internalizing behaviors as assessed by the MACI, Reynolds Adolescent Depression Scale (RADS), and the Jesness Inventory. The hypothesis that the combination of NPI-JO Maladaptive and SPPA Total scores would both predict internalizing behaviors was supported only for the MACI Conforming subscale and the RADS Total score. These results are consistent with Washburn et al.'s (2004) findings that self-esteem is negatively associated with internalizing symptoms, such as depression and anxiety, in adolescents with lower exploitative narcissism scores. However, the RADS Total score was negatively associated with self-esteem and positively associated with maladaptive narcissism, meaning that higher levels of maladaptive narcissism predicted higher levels of depression. Narcissism in adolescents has been found to be a predictor of depression (Partamian, 1997); however, many studies report narcissism and psychopathy to be entirely separate and mutually exclusive constructs from depression (Lovelace & Gannon, 1999). Thus, further research is needed to clarify the positive relationship between depression and the maladaptive composite of narcissism found in the current study.

The NPI-JO Maladaptive subscale on its own negatively predicted the MACI Submissive and Anxious feelings scales and positively predicted the Jesness Inventory Social Maladjustment score, which partially supports our hypothesis and Washburn et al.'s (2004) results. However, SPPA Total score was not related to submissive and anxious feelings or social maladjustment in the current study, meaning that self-esteem levels did not add anything more to the variability beyond that accounted for by the

maladaptive narcissism score. Individuals with high levels of submissive and anxious feelings had low maladaptive narcissism scores, whereas individuals who were more socially maladjusted had higher levels of maladaptive narcissism. The maladaptive subscales measure exploitativeness, exhibitionism, and entitlement, which are characteristics not often found in individuals who are submissive or anxious. However, individuals who have higher levels of maladaptive narcissism are more likely to possess other psychopathic characteristics, and psychopathy is related to antisocial behavior and social maladjustment (Hare, 1996). In addition, the NPI-JO Maladaptive scores positively predicted the MACI Suicidality scale, indicating that as levels of maladaptive narcissism increase, so does level of suicidality. An explanation for this finding is that individuals with high levels of maladaptive narcissism are likely to be more psychopathic, and several traits including impulsivity are often seen as well in this type of individual (Hare, 1991). Impulsivity has been found to be positively related to suicidality (Horesh, Rolnick, Iancut, Dannon, Lepkifker, et al., 1997), so more maladaptive narcissistic, psychopathic individuals would be expected to report higher levels of suicidality.

In terms of self-esteem scores being associated with internalizing outcomes, combinations with adaptive, rather than maladaptive, narcissism were also noted. The combination of the SPPA Total score and the NPI-JO Adaptive subscale predicted the MACI Inhibited score, both in the negative direction, indicating that self-esteem and adaptive narcissism decrease as reports of inhibition increase. Individuals who have symptoms of anxiety or depression tend to display inhibited behaviors as well, and low-self esteem is associated with anxiety and depression (Zemore & Bretell, 1983). Furthermore, adaptive narcissism is typically considered a construct closely related to

positive aspects of self-esteem, so low levels in both self-esteem and adaptive narcissism should be expected to occur together. Finally, the combination of SPPA Total score and the NPI-JO Adaptive/NPI-JO Maladaptive interaction term predicted the MACI Introversive scale, both in the negative direction. Thus, in our sample, individuals with lower self-esteem, adaptive, and maladaptive narcissism reported more characteristics of introversion.

Conclusions

Overall, results of the current study addressed various hypotheses from prior literature.   Self-esteem was weakly associated with intelligence, which partially supports prior research. No differences were found for scores on the NPI-JO and SPPA based on sexual offense victim type, which was in contrast to what was expected given that prior research has found sexual offenders to target vulnerable victims to boost their sense of self. Individuals who reported sexual abuse had lower scores on several of the NPI-JO subscales but not on the SPPA. In addition, physical abuse or the combination of both types of abuse had no effect on self-esteem and narcissism. These results were also in contrast to prior research that has found significant effects of abuse on self-esteem.

Externalizing behaviors were expected to be predicted negatively by SPPA Total and positively by NPI-JO Maladaptive scores. Forcefulness and substance abuse proneness followed this pattern. Several other combinations of predictors were found for other externalizing behaviors. Maladaptive narcissism alone predicted ratings on oppositional, delinquent predisposition, impulsive propensity, and manifest aggression subscales. Total self-esteem alone positively predicted dramatizing and egotistic scores. Adaptive narcissism predicted scores on unruly and asocial tendencies subscales, as well

as total number of arrests and the selfish, callous, remorseless use of others factor on the PCL: YV. Total number of suspensions from school and the chronically unstable and antisocial lifestyle factor on the PCL:YV were negatively predicted by self-esteem and positively predicted by adaptive narcissism. In summary, some results confirm prior research that low self-esteem and high maladaptive narcissism are associated with behavior problems and aggression. However, there is also indication that level of narcissism (either adaptive or maladaptive) might be the most useful predictor of externalizing behaviors, regardless of level of self-esteem.

Internalizing behaviors were expected to be predicted negatively by both SPPA Total and NPI-JO Maladaptive scores. The MACI Conforming subscale was the only variable that followed this hypothesis. The RADS total depression score was predicted by these two subscales, but the relationship with the Maladaptive scale was in the positive direction. Furthermore, the Maladaptive subscale alone negatively predicted the submissive and anxious feeling subscales and positively predicted a social maladjustment score. Finally, self-esteem and adaptive narcissism both negatively predicted the inhibited scale, and self-esteem and the interaction between adaptive and maladaptive narcissism negatively predicted introversion. Overall, most of the internalizing variables were negatively predicted by self-esteem, narcissism, or a combination of both, which would be expected given prior research. However, the specific relationship between negative self-esteem and maladaptive narcissism and internalizing behaviors was not fully supported in the current study.

Limitations and Future Directions

Numerous significant results have been presented for the current study; however, several limitations should be taken into account before generalizations to other populations or interpretations of the results can be made.

One limitation is the self-report nature of most of the data. Some variables were collected through criminal file information and others were verified with this data, but most of the data collected were through self-report personality measures. No collateral sources, such as parents, teachers, or therapists, were consulted to determine the validity of the adolescents' self-reports. Furthermore, although the juveniles were informed their information would remain confidential, the punitive nature of the setting for the study could have resulted in the participants being more guarded in reporting symptoms and offending behaviors for fear of further consequences. Further research should obtain information from various sources to provide more verification of the adolescents' functioning and psychopathology.

A second limitation is the variability of research using the NPI with child and adolescent populations. Each published study described a slightly different version that was reworded from the original adult NPI and used different scoring or factor structures. In particular, the adaptive and maladaptive composite scores have been created based on different factor analyses or conceptualizations. Therefore, various studies that examined adaptive and maladaptive narcissism have used slightly different constructs. The current study focused on the NPI version and scoring used by Bradshaw (2004) in a juvenile delinquent population. Subsequent studies should examine the psychometric

characteristics and clinical utility of the NPI for use with younger populations, focusing on developing consensus of its format and structure.

A third limitation is the SPPA scoring in the current study. Total SPPA score was obtained by adding all of the scores from the domain-specific subscales to create one summary score while still taking into account responses to domain-specific questions. This was done instead of using the SPPA Global subscale score because it only includes items tapping into global self concept. SPPA Total score was used instead of using domain-specific subscales because of the relatively small sample size, which would create a power issue. With a large enough sample, analyses could be conducted using individual SPPA subscales as predictor variables to examine the effects of domain-specific self concept on internalizing and externalizing behaviors.

Another limitation is that the juveniles in the sample reside in one southeastern state and may not be representative of juvenile delinquents in other parts of the United States, or in other countries, therefore limiting the generalizability of the results. However, one of the strengths of this study is that, given the centralized program for juvenile sex offenders in this state, close to 100% of the adjudicated juvenile sexual offenders in the state came through this project. This allows for inferences to be made of population characteristics and attenuates concerns about sampling bias.

Additionally, since this was a high-risk sample of incarcerated adolescents, results may not generalize to community or non-incarcerated clinical samples. Due to the nature of offender populations, there is a high base rate of abuse, behavior problems, and psychopathology. Furthermore, some delinquency background variables showed a considerably large standard deviation, indicating possible significant outliers in the

sample, which could be due to over-reporting of certain behaviors. Therefore, it is unclear whether significant results in the current study that link self-esteem and narcissism to these behaviors are limited due to sample characteristics. Furthermore, the participants in this study were only those incarcerated for sexual offenses, so juvenile delinquents with no sexual offense on their record could produce different results. In regards to type of sexual offense, the study sample was heterogeneous and included various categories of sexual offending, from misdemeanors to felonies. Therefore, the influence of severity of sexual offense should be explored to determine its relationship to self-esteem and narcissism. Future research should also compare community and clinical samples to the juvenile delinquent sample to determine the contribution of self-esteem and narcissism to the prediction of psychopathology in these populations. Data collection is ongoing to include incarcerated non-sexual offenders to explore group comparisons.

Finally, the sample was relatively small, so statistical analyses were limited in terms of power and approach. For example, the sample could not be divided based on levels of self-esteem and adaptive/maladaptive narcissism, although results of regression analyses were informative. With a larger sample, ANOVAs could be performed to classify individuals and determine group differences according to levels of self-esteem and narcissism. Furthermore, due to the number of analyses peformed, the probability of obtaining a Type I error increases. However, the number of significant results obtained was much higher than chance, so it is assumed that they are valid.

In addition, due to the correlational nature of the study, no causation can be assumed. A longitudinal study measuring self-esteem, narcissism, externalizing, and internalizing behaviors in childhood and then in adolescence could be conducted to

determine if certain levels of self-esteem and narcissism are present throughout the

lifespan and before psychopathology manifests itself, or if self-esteem and narcissism

levels are a result of psychopathology. Longitudinal studies could also address self-

esteem and narcissism's prediction of recidivism and future criminality to determine

whether intervention programs should target these aspects of personality.

REFERENCES

Abel, G. G., Gore, D. K., & Holland, C. L. (1989). The measurement of the cognitive distortions of child molesters. *Annals of Sex Research, 2*, 135-152.

Ackard, D. M. & Neumark-Sztainer, D. (2003). Multiple sexual victimizations among adolescent boys and girls: Prevalence and associations with eating behaviors and psychological health. *Journal of Child Sexual Abuse, 12*, 17-37.

Allen, D. M., & Tarnowski, K. J. (1989). Depressive characteristics of physically abused children. *Journal of Abnormal Child Psychology, 17*, 1-11.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders (3rd ed.).* Washington, DC: Author.

Awad, G., Saunders, E., & Levene, J. (1984). A clinical study of male adolescent sex offenders. *International Journal of Offender Therapy and Comparative Criminology, 28*, 105-115.

Barbaree, H. E. (1991). Denial and minimization among sex offenders: Assessment and treatment outcome. *Forum on Corrections Research, 3*, 300-333.

Barbaree, H. E., & Cortoni, F. A. (1993). Treatment of the juvenile sex offender within the criminal justice and mental health systems. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The juvenile sex offender* (pp. 243-263). New York: Guilford.

Barnow, S., Lucht, M., & Freyberger, H. J. (2005). Correlates of aggressive and

      delinquent conduct problems in adolescence. *Aggressive Behavior*, *31*, 24-39.

Barry, C. T., Frick, P. J., & Killian, A. L. (2003). The relation of narcissism and self-

      esteem to conduct problems in children: A preliminary investigation. *Journal of*

      Clinical Child and Adolescent Psychology, 32, 139-152.

Barry, T. D., Thompson, A., Barry, C. T., Lochman, J. E., Adler, K., & Hill, K. (2007).

      The importance of narcissism in predicting proactive and reactive aggression in

      moderately to highly aggressive children. *Aggressive Behavior, 33*, 185-197.

Baumeister, R. (1986). *Identity*. New York: Oxford University Press.

Baumeister, R. (1998). The self. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.),

      Handbook of social psychology (4th ed., pp. 680–740). New York: McGraw-Hill.

Baumeister, R. F., Bushman, B. J., & Campbell, W. K. (2000). Self-esteem, narcissism,

      and aggression: Does violence result from low self-esteem or from threatened

      egotism? *Current Directions in Psychological Science, 9*, 26-29.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to

      violence and aggression: The dark side of high self-esteem. *Psychological Review*,

      103, 5-33.

Becker, J. V. & Abel, G. G. (1985). Adolescent sexual offenders. In E. M. Otey & G. D.

      Ryan (Eds.), *Issues in research and treatment* (Research Monograph from

      NCPCR; DHHS Publication No. 85-1396; pp. 109-129). Washington, DC:

      Department of Health and Human Services.

Becker, J. V., Kaplan, M. S., Cunningham-Rather, J., & Kavoussi, R. (1986).
Characteristics of adolescent incest sexual perpetrators: Preliminary findings.
Journal of Family Violence, 1, 85-97.

Bolger, K. E., & Patterson, C. J. (2001). Developmental pathways from child
maltreatment to peer rejection. *Child Development*, *72*, 549-568.

Bolger, K. E., Patterson, C. J., & Kupersmidt, J. B. (1998). Peer relationships and self-
esteem among children who have been maltreated. *Child Development*, *69*, 1171-
1197.

Bradshaw, C. P. (2004). *Social-Cognitive Mediators of the Link between Social-
Environmental Risk Factors and Aggression in Adolescence.* Unpublished
Dissertation. Cornell University. Ithaca, NY.

Brown, J. D. & Smart, S. A. (1991). The self and social conduct: Linking self-
representations to prosocial behavior. *Journal of Personality and Social
Psychology*, 60, 368-375.

Bushman, B. J. & Baumeister, R. F. (1998). Threatened egotism, narcissism, self-esteem,
and direct and displaced aggression: Does self-love or self-hate lead to violence?
Journal of Personality and Social Psychology, 75, 219-229.

Bynner, J. M., O'Malley, P. M., & Bachman, J. G. (1981). Self-esteem and delinquency
revisited. *Journal of Youth and Adolescence*, *10*, 407-441.

Calhoun, G. B., Glaser, B. A., Stefurak, T., & Bradshaw, C. P. (2000). Preliminary
validation of the Narcissistic Personality Inventory – Juvenile Offender.
International Journal of Offender Therapy and Comparative Criminology, 44,
564-580.

Cleckley, H. M. (1976). *The mask of sanity*. St. Louis, MO: Mosby.

Cramer, P. (1995). Identity, narcissism, and defense mechanisms in late adolescence.

    Journal of Research in Personality, 29, 341-361.

Donnellan*,* M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005).

    Low self-esteem is related to aggression, antisocial behavior, and delinquency.

    Psychological Science, *16*, 28-335.

Emmons*,* R. A. (1987). Narcissism: Theory and measurement. *Journal of Personality*

    and Social Psychology, *52*, 11-17.

Femina, D. D., Yeager, C. A., & Lewis, D. O. (1990). Child abuse: Adolescent records

    vs. adult recall. *Child Abuse and Neglect*, *14*, 227–231.

Fitch, G. (1970). Effects of self-esteem, perceived performance, and choice on causal

    attributions. *Journal of Personality and Social Psychology, 16*, 311-315.

Forth, A. E. (1995). Psychopathy and young offenders: Prevalence, family background,

    and violence. Program Branch Users Report. Ottawa, Ontario: Minister of the

    Solicitor General of Canada.

Forth, A. E., Kosson, D., & Hare, R. D. (2003). *The Hare PCL: Youth Version*. Toronto,

    ON: Multi-Health Systems.

Freud, S. (1940). An outline of psychoanalysis. *International Journal of Psychoanalysis*,

    21, 27-84.

Gabriel, M. T., Critelli, J. W., & Ee, J. S. (1994). Narcissistic illusions in self-evaluations

    of intelligence and attractiveness. *Journal of Personality*, *62*, 143-155.

Gacono, C. B., Meloy, J. R., & Heaven, T. R. (1990). A Rorschach investigation of narcissism and hysteria in antisocial personality. *Journal of Personality Assessment*, *55*, 270-279.

Griffin, N., Chassin, L., & Young, R. D. (1981). Measurement of global self-concept versus multiple role-specific self-concepts in adolescents. *Adolescence, 16*, 49-56.

Groth A. N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Press.

Hare, R. D. (1991). *The Hare Psychopathy Checklist - Revised*. Toronto, Ontario: Multi-Health Systems.

Hare, R. D. (1996). Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior, 23,* 25–54.

Hare, R. D. & McPherson, L. M. (1984). Violent and aggressive behavior by criminal psychopaths. *International Journal of Law and Psychiatry*, *7*, Special issue: Empirical approaches to law and psychiatry, 35-50.

Hart, D. (1988). The adolescent self-concept in social context. In D. K. Lapsley & F. C. Power (Eds.), *Self, ego, and identity* (pp. 71-90). New York: Springer Verlag.

Harter, S. (1988). *Manual for the self-perception profile for adolescents*. Denver, CO: University of Denver.

Harter, S. Bresnick, S., Bouchey, H. A., & Whitesell, N. R. (1998). The development of multiple role-related selves during adolescence. *Development and Psychopathology, 9*, 835-854.

Harter, S., & Monsour, A. (1992). Developmental analysis of conflict caused by opposing
attributes in the adolescent self-portrait. *Developmental Psychology, 28*, 251-
260.

Hayes, S. C. (2005). Diagnosing intellectual disability in a forensic sample: Gender and
age effects on the relationship between cognitive and adaptive functioning.
Journal of Intellectual and Developmental Disability, 30, 97-103.

Higgins, E. T. (1987). Self-discrepancy: Theory relating self and affect. *Psychological
Review*, *94*, 319-340.

Hilton, N. Z., Harris, G. T., & Rice, M. E. (1998). On the validity of self-reported rates of
interpersonal violence. *Journal of Interpersonal Violence*, *13*, 58–72.

Horesh, N., Rolnick, T., Iancut, I., Dannon, P., Lepkifker, E., Apter, A., & Kotler, M.,
(1997). Anger, impulsivity, and suicide risk. *Psychotherapy and
Psychosomatics, 66*, 92-96.

James, W. (1890). *The principles of psychology, Vol. 1*. New York: Henry Holt.

Jesness, C. F. (1988). The Jesness Inventory classification system. *Criminal Justice and
Behavior*, *15*, 78-91.

Jesness, C. F. (1996). *The Jesness Inventory: Manual*. North Tonawanda, NY: Multi-
Health Systems.

Kahle*,* L. R., Kulka, R. A., & Klingel, D. M. (1980). Low adolescent self-esteem leads to
multiple interpersonal problems: A test of social-adaptation theory. *Journal of
Personality and Social Psychology*, *39*, 496-502

Kaplan, H. B. (1980). *Deviant behavior in defense of self*. New York: Academic Press.

Kernberg, O. F. (1975). Further contributions to the treatment of narcissistic

personalities: A reply to the discussion by Paul H. Ornstein. *International

Journal of Psycho-Analysis*, *56*, 245-247.

Kernis, M. H., Grannemann, B. D., & Barclay, L. C. (1989). Stability and level of self-

esteem as predictors of anger arousal and hostility. *Journal of Personality and

Social Psychology*, *56*, 1013-1022.

Kernis, M. H., Grannemann, B. D., & Mathis, L. C. (1991). Stability of self-esteem as a

moderator of the relation between level of self-esteem and depression. *Journal of

Personality and Social Psychology*, *61*, 80-84.

Kernis, M. H. & Sun, C. (1994). Narcissism and reactions to interpersonal feedback.

Journal of Research in Personality, 28, 4-13.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities.

Kohut, H. & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline.

International Journal of Psycho-Analysis, 59, 413-325.

Kosson, D. S., Cyterski, T. D. & Steuerwald, B. L. (2002). The reliability and validity of

the Psychopathy Checklist: Youth Version (PCL:YV) in nonincarcerated

adolescent males. *Psychological Assessment*, *14*, 97-109.

Kuther, T. L. (2000). Moral reasoning, perceived competence, and adolescent

engagement in risky activity. *Journal of Adolescence*, *23*, 599-604.

Lovelace, L. & Gannon, L. (1999). Psychopathy and depression: Mutually exclusive

constructs? *Journal of Behavior Therapy and Experimental Psychiatry, 30*, 169-

176.

Marshall, W. L. (1989). Intimacy, loneliness and sexual offenders. *Behaviour Research and Therapy, 27*, 491-503.

Marshall, W. L. (1996). Assessment, treatment, and theorizing about sex offenders: Developments during the past twenty years and future directions. *Criminal Justice and Behavior, 23*, 162-199.

Marshall, W. L., Anderson, D., & Champagne, F. (1997). Self-esteem and its relationship to sexual offending. *Psychology, Crime & Law, 3*, 161-186.

Marshall, W. L. & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257-275). New York, NY: Plenum Press.

Marshall, W. L., Barbaree, H. E., & Fernandez, Y. M. (1995). Some aspects of social competence in sexual offenders. *Sexual Abuse: Journal of Research and Treatment, 7*, 113-127.

Marshall, W. L. & Christie, M. M. (1981). Pedophilia and aggression. *Criminal Justice and Behavior, 8*, 145-158.

Marshall, W. L., Hudson, S. M., Jones, R., & Fernandez, Y. M. (1995). Empathy in sex offenders. *Clinical Psychology Review, 15*, 99-113.

McCarthy, J. D. & Hoge, D. R. (1984). The dynamics of self-esteem and delinquency. *American Journal of Sociology, 90*, 396-410.

Millon, T., Millon, C., & Davis, R. (1993). *Millon Adolescent Clinical Inventory*. Minneapolis, MN: National Computer Systems.

Miner, M. H. & Munns, R. (2005). Isolation and Normlessness: Attitudinal Comparisons

    of Adolescent Sex Offenders, Juvenile Offenders, and Nondelinquents.

    International Journal of Offender Therapy and Comparative Criminology, 49,

    491-504.

Morf, C. C. & Rhodewalt, F. (1993). Narcissism and self-evaluation maintenance:

    Explorations in object relations. *Personality and Social Psychology Bulletin*, *19*,

    668-676.

Murphy, W. D. (1990). Assessment and modification of cognitive distortions in sex

    offenders. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of*

    sexual assault: Issues, theories, and treatment of the offender (pp. 331-342).

    New York, NY: Plenum Press.

Murrie, D. C., Cornell, D. G., Kaplan, S., McConville, D., & Levy-Elkon, A. (2004).

    Psychopathy scores and violence among juvenile offenders: A multi-measure

    study. *Behavioral Sciences and the Law*, *22*, 49-67.

Myers, M. A. (1980). Social contexts and attributions of criminal responsibility. *Social*

    Psychology Quarterly, 43, 405-419.

Oosterwegel, A., Field, N., Hart, D., & Anderson, K. (2001). The relation of self-esteem

    variability to emotion variability, mood, personality traits, and depressive

    tendencies. *Journal of Personality, 65*, 689-708.

Ortiz, V., & Volloff, W. (1987). Identification of gifted and accelerated Hispanic

    students. *Journal for the Education of the Gifted*, *11*, 45-55.

Papps, B. P. & O'Carroll, R. E. (1998). Extremes of self-esteem and narcissism and the

    experience and expression of anger and aggression. *Aggressive Behavior*, *24*,

    421-438.

Partamian, K. A. (1997). Relationship of adolescent narcissism to adolescent depression

    and drug use. *Dissertation Abstracts International: Section B: The Sciences and*

    Engineering, 58, 1542.

Pierce, L. H. & Pierce, R. L. (1987). Incestuous victimization by juvenile sex offenders.

    Journal of Family Violence, 2, 351-364.

Quay, H. C. & Werry, J. S. (1972). *Psychopathological disorders of childhood.* Oxford,

    England: John Wiley & Sons.

Raskin, R. N., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological*

    Reports, *45*, 590.

Raskin, R. & Terry, H. (1988). A principal-components analysis of the Narcissistic

    Personality Inventory and further evidence of its construct validity. *Journal of*

    Personality and Social Psychology, 54, 890-902.

Reynolds, W. M. (1987). Reynolds Adolescent Depression Scale: Professional manual.

    Odessa, FL: Psychological Assessment Resources

Reynolds, W. M. & Mazza, J. J. (1998). Reliability and validity of the Reynolds

    Adolescent Depression Scale with young adolescents. *Journal of School*

    Psychology, *36*, 295-312.

Rhodewalt, F. & Morf, C. C. (1995). Self and interpersonal correlates of the Narcissistic

    Personality Inventory: A review and new findings. *Journal of Research in*

    Personality, *29*, 1-23.

Robins, R. W., Hendin, H. M. & Trzesniewski, K. H. (2001). Measuring global self-esteem: Construct validation of a single-item measure and the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin*, *27*, 151-161.

Rogers, C. R. (1959). Toward a theory of creativity. In H. H. Anderson (Ed.) *Creativity and its cultivation*. New York: Harper & Row.

Rosenberg, M. (1965). *Society and adolescent self-image*. Princeton, NJ: Princeton University.

Rosenberg, M. (1986). Self-concept from middle childhood through adolescence. In J. Suls & A. G. Greenwald (Eds.), *Review: Psychological perspective on the self*. Hillsdale, NJ: Erlbaum.

Sattler, J. M. (2001). *Assessment of children: Cognitive applications*. San Diego, CA: Jerome M. Sattler, Publisher, Inc.

Scully, D. & Marolla, J. (1990). Convicted rapists' vocabulary of motive: Excuses and justifications. In D. Brissett & C. Edgley (Eds.), *Life as theater: A dramaturgical sourcebook* (2nd ed., pp. 261-280). Hawthorne, NY: Aldine de Gruyter.

Segal, Z. V. & Stermac, L. E. (1990). The role of cognition in sexual assault. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 161-174). New York, NY: Plenum Press.

Simon, W. E., & Simon, M. G. (1975). Self-esteem, intelligence, and standardized academic achievement. *Psychology in the Schools*, *12*, 97-100.

Smith, S., Wampler, R., & Jones, J. (2005). Differences in Self-Report Measures by Adolescent Sex Offender Risk Group. *International Journal of Offender Therapy and Comparative Criminology, 49*, 82-106.

Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in experimental social psychology*, Vol. 21: *Social psychological studies of the self: Perspectives and programs* (pp. 261-302). San Diego, CA: Academic Press.

Taylor, J. (1989). The effects of personal and competitive self-efficacy and differential outcome feedback on subsequent self-efficacy and performance. *Cognitive Therapy and Research*, *13*, 67-79.

Taylor, S. E. & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, *103*, 193-210.

Tennen, H. & Affleck, G. (1993). The puzzles of self-esteem: A clinical perspective. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard* (pp. 241–262). New York, NY: Plenum Press.

The Psychological Corporation. (1999). *Manual for the Wechsler Abbreviated Scale of Intelligence*. San Antonio, TX: Author.

Thornton, D. (2001, March). *Advances in structured risk assessment.* Pre-conference seminar presented at the Association for the Treatment of Sexual Abusers, 20th Annual Research and Treatment Conference, San Antonio, TX.

Thornton, D., Beech, A., & Marshall, W. L. (2004). Pretreatment self-esteem and posttreatment sexual recidivism. *International Journal of Offender Therapy and Comparative Criminology*, *48*, 587-599.

Thornton, D., Mann, R., & Bowers, L. (2000, November). *Distribution of dynamic risk factors in more and less psychopathic offenders.* Paper presented at the Association for the Treatment of Sexual Abusers, 19th Annual Research and Treatment Conference, San Diego, CA.

Toch, H. (1993). Good violence and bad violence: Through self-presentations of aggressors accounts and war stories. In R. B. Felson & J. T. Tedeschi (Eds.), *Aggression and violence: Social interactionist perspectives* (pp 193-206). Washington, DC: American Psychological Association.

Toupin, J., Mercier, H., Dery, M., Cote, G. & Hodgins, S. (1996). Validity of the PCL-R for adolescents. *Issues in Criminological & Legal Psychology*, 24, 143-145.

Tufts' New England Medical Center, Division of Child Psychiatry (1984). *Sexually exploited children: Service and research project* Final report for the Office of Juvenile Justice and Delinquency Prevention. Washington, DC: U.S. Department of Justice.

Washburn, J. J., McMahon, S. D., King, C. A., Reinecke, M. A., & Silver, C. (2004). Narcissistic features in young adolescents: Relations to aggression and internalizing symptoms. *Journal of Youth and Adolescence, 33*, 247-260.

Whitley, B. E. (1983). Sex role orientation and self-esteem: A critical meta-analytic review. *Journal of Personality and Social Psychology*, *44*, 765-778.

Williams, G. J., Power, K.G., Millar, H. R., Freeman, C. P., Yellowlees, A., Dowds, T., Walker, M., Campsie, L., MacPherson, F., & Jackson, M. A. (1993). Comparison of eating disorders and other dietary/weight groups on measures of perceived

control, assertiveness, self-esteem, and self-directed hostility. *International*

Journal of Eating Disorders, *14*, 27-32.

Zemore, R. & Bretell, D. (1983). Depression-proneness, low self-esteem, unhappy

outlook, and narcissistic vulnerability. *Psychological Reports*, *52*, 223-230.

TABLES

Table 1. Descriptive Statistics of Main Predictor and Demographic Variables

	Possible Range	Obtained Range	Mean	SD
Age (Years)		12.8-19.2	15.8	1.5
FSIQ		53-119	84.3	14.7
Verbal IQ		55-119	83.7	15.5
Performance IQ		53-129	87.1	15.8
SPPA				
Scholastic Competence	1.0-4.0	1.4-4.0	2.8	.6
Athletic Competence	1.0-4.0	1.2-4.0	2.9	.7
Social Acceptance	1.0-4.0	1.0-4.0	3.0	.7
Close Friendship	1.0-4.0	1.0-4.0	2.8	.7
Romantic Appeal	1.0-4.0	1.2-4.0	2.8	.6
Job Competence	1.0-4.0	1.6-4.0	3.0	.5
Physical Appearance	1.0-4.0	1.0-4.0	2.9	.8
Behavioral Conduct	1.0-4.0	1.0-4.0	2.7	.7
Global	1.0-4.0	1.0-4.0	2.8	.5
SPPA Total	8.0-32.0	16.6-30.4	23.0	3.1
NPI-JO				
Authority	0-8	1-8	3.6	2.0
Exhibitionism	0-7	1-7	3.2	1.6
Superiority	0-5	0-5	2.5	1.3
Entitlement	0-6	0-5	1.8	1.2
Exploitativeness	0-5	0-5	1.7	1.4
Vanity	0-3	0-3	.9	1.0
Self-Sufficiency	0-6	0-6	2.4	1.3
Adaptive	0-18	2-17	9.4	3.8
Maladaptive	0-22	0-13	6.7	3.3
NPI-JO Total	0-40	4-30	16.2	6.2

SPPA=Self Perception Profile for Adolescents
NPI-JO=Narcissistic Personality Inventory-Juvenile Offender

Table 2. Correlations Among SPPA and NPI-JO Subscales, Age, and IQ

SPPA	Schol	Social	Athl	Phys	Job	Roma	Behav	ClsFrd	Adapt	Malad	Age	FSIQ
SPPA												
Scholastic	—	—	—	—	—	—	—	—	—	—	-.08	.37**
Social	.27*	—	—	—	—	—	—	—	—	—	.05	.22
Athletic	.12	.24	—	—	—	—	—	—	—	—	.07	.05
Physical	.17	.46***	.18	—	—	—	—	—	—	—	-.07	.12
Job	.31*	.37**	.34**	.28*	—	—	—	—	—	—	.29*	.41**
Romantic	.25*	.44***	.22	.40**	.34*	—	—	—	—	—	-.00	.10
Behavior	.16	.28*	-.04	.13	.26*	.12	—	—	—	—	.04	.11
Close Friends	.17	.67***	-.04	.37**	.32*	.40**	.20	—	—	—	-.08	.34**
Global	.31*	.69***	.07	.55***	.17	.39**	.42**	.52***	.22	.16	-.11	.09
Total	.50***	.80***	.43**	.65***	.64***	.64***	.46***	.65***	.29*	.27*	.04	.35**
NPI-JO												
Adaptive	.25	.19	.17	.22	.11	.48***	-.03	.05	—	—	.06	-.10
Maladaptive	.27*	.33**	.13	.25	.11	.26*	-.21	.14	.54***	—	-.10	.06

*p<.05 **p<.01 ***p<.001
SPPA=Self Perception Profile for Adolescents
NPI-JO=Narcissistic Personality Inventory-Juvenile Offender

Table 3. Stepwise Regression Analyses Using SPPA and NPI-JO to Predict Delinquency Background Variables

Outcome variable	Mean (SD)	F	Adjusted R^2	β
Delinquency Background Variables				
# of suspensions	21 (26)			
NPI-JO Adaptive		4.805*	.113	.358**
SPPA Total				-.263*
(excluded variables)				
NPI-JO Maladaptive				.115
SPPA*NPI-JO Malad.				.041
SPPA*NPI-JO Adapt.				-.132
Adapt.*Malad.				-.085
SPPA*Malad.*Adapt.				.053
# of fights in last yr	12 (32)	1.169	.019	
SPPA Total				-.047
NPI-JO Adaptive				.254
NPI-JO Maladaptive				.119
SPPA*NPI-JO Malad.				.313
SPPA*NPI-JO Adapt.				-.171
Adapt.*Malad.				-.174
SPPA*Malad.*Adapt.				-.053
# fights last 3 yrs	33 (96)	1.201	.023	
SPPA Total				-.028
NPI-JO Adaptive				.223
NPI-JO Maladaptive				.137
SPPA*NPI-JO Malad.				.338
SPPA*NPI-JO Adapt.				-.177
Adapt.*Malad.				-.179
SPPA*Malad.*Adapt.				-.055
# detention commit.	3 (5)	.349	-.082	
SPPA Total				-.089
NPI-JO Adaptive				.237
NPI-JO Maladaptive				-.022
SPPA*NPI-JO Malad.				.009
SPPA*NPI-JO Adapt.				-.002
Adapt.*Malad.				-.024
SPPA*Malad.*Adapt.				-.020
# adjudicated sex off.	1 (1)	.281	-.093	
SPPA Total				.032
NPI-JO Adaptive				.029
NPI-JO Maladaptive				.026
SPPA*NPI-JO Malad.				.064
SPPA*NPI-JO Adapt.				-.052
Adapt.*Malad.				.159
SPPA*Malad.*Adapt.				-.040

# total arrests	4 (6)			
NPI-JO Adaptive		4.789*	.060	.276*
(excluded variables)				
SPPA Total				-.145
NPI-JO Maladaptive				-.049
SPPA*NPI-JO Malad.				.015
SPPA*NPI-JO Adapt.				-.006
Adapt.*Malad.				.014
SPPA*Malad.*Adapt.				-.083
# sex offense victims	2 (2)	.466	-.066	
SPPA Total				-.220
NPI-JO Adaptive				-.045
NPI-JO Maladaptive				.052
SPPA*NPI-JO Malad.				-.043
SPPA*NPI-JO Adapt.				.026
Adapt.*Malad.				.090
SPPA*Malad.*Adapt.				.233

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

SPPA Total = Self Perception Profile for Adolescents Total Score
NPI-JO Adaptive = Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale
NPI-JO Maladaptive= Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale
SPPA*NPI-JO Malad.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*NPI-JO Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale Interaction
Adapt.*Malad.= Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale/ Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*Malad.*Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale/ Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale Interaction

Table 4. Stepwise Regression Analyses Using SPPA and NPI-JO to Predict Externalizing
Self-Report Variables

Outcome variable	Mean (SD)	F	Adjusted R^2	β
MACI Subscales				
Dramatizing	56 (16)			
SPPA Total		13.453**	.177	.437**
(excluded variables)				
NPI-JO Adaptive				.127
NPI-JO Maladaptive				-.048
SPPA*NPI-JO Malad.				-.034
Adapt.*Malad.				.197
SPPA*Malad.*Adapt.				-.002
Egotistic	53 (14)			
SPPA Total		13.935***	.182	.443***
(excluded variables)				
NPI-JO Adaptive				.229
NPI-JO Maladaptive				-.017
SPPA*NPI-JO Malad.				-.044
SPPA*NPI-JO Adapt.				-.042
Adapt.*Malad.				.003
SPPA*Malad.*Adapt.				.138
Unruly	56 (18)			
NPI-JO Adaptive		13.154**	.173	.433**
(excluded variables)				
SPPA Total				-.072
NPI-JO Maladaptive				.258
SPPA*NPI-JO Malad.				.013
SPPA*NPI-JO Adapt.				-.113
Adapt.*Malad.				-.010
SPPA*Malad.*Adapt.				.114
Forceful	37 (22)			
NPI-JO Maladaptive		6.161**	.151	.366**
SPPA Total				-.341**
(excluded variables)				
NPI-JO Adaptive				.219
SPPA*NPI-JO Malad.				-.169
SPPA*NPI-JO Adapt.				-.027
Adapt.*Malad.				-.146
SPPA*Malad.*Adapt.				.203
Oppositional	55 (18)			
NPI-JO Maladaptive		4.127*	.051	.260*
(excluded variables)				
SPPA Total				-.100
NPI-JO Adaptive				.051
SPPA*NPI-JO Malad.				-.075
SPPA*NPI-JO Adapt.				-.057

Adapt.*Malad.				-.072
SPPA*Malad.*Adapt.				-.222

Substance Abuse Proneness	44 (27)			
NPI-JO Maladaptive		6.837**	.168	.432**
SPPA Total				-.276*
(excluded variables)				
NPI-JO Adaptive				.199
SPPA*NPI-JO Malad.				-.037
SPPA*NPI-JO Adapt.				-.088
Adapt.*Malad.				-.004
SPPA*Malad.*Adapt.				.161
Delinquent Predisposition	60 (17)			
NPI-JO Maladaptive		11.894**	.158	.415**
(excluded variables)				
SPPA Total				.082
NPI-JO Adaptive				.123
SPPA*NPI-JO Malad.				.099
SPPA*NPI-JO Adapt.				.043
Adapt.*Malad.				.161
SAPP*Malad.*Adapt.				-.002
Impulsive Propensity	50 (24)			
NPI-JO Maladaptive		11.418**	.152	.409**
(excluded variables)				
SPPA Total				.002
NPI-JO Adaptive				.058
SPPA*NPI-JO Malad.				-.038
SPPA*NPI-JO Adapt.				-.101
Adapt.*Malad.				-.050
SPPA*Malad.*Adapt.				.078
Jessness Inventory Subscales				
Manifest Aggression	54 (13)			
NPI-JO Maladaptive		8.651**	.122	.372**
(excluded variables)				
SPPA Total				-.054
NPI-JO Adaptive				.093
SPPA*NPI-JO Malad.				.017
SPPA*NPI-JO Adapt.				-.094
Adapt.*Malad.				-.100
SPPA*Malad.*Adapt.				.073
Asocial Tendencies	66 (13)			
NPI-JO Adaptive		6.694*	.094	.332*
(excluded variables)				
SPPA Total				-.176
NPI-JO Maladaptive				.076
SPPA*NPI-JO Malad.				.021
SPPA*NPI-JO Adapt.				-.132
Adapt.*Malad.				-.084
SPPA*Malad.*Adapt.				-.063

Hare Psychopathy Checklist (PCL:YV)					
Factor 1	6 (4)				
NPI-JO Adaptive			7.855**	.104	.345**
(excluded variables)					
SPPA Total					-.141
NPI-JO Maladaptive					-.082
SPPA*NPI-JO Malad.					-.142
SPPA*NPI-JO Adapt.					-.110
Adapt.*Malad.					-.123
SPPA*Malad.*Adapt.					.024
Factor 2	7 (4)				
NPI-JO Adaptive			13.930***	.305	.583***
SPPA Total					-.284*
(excluded variables)					
NPI-JO Maladaptive					.190
SPPA*NPI-JO Malad.					.106
SPPA*NPI-JO Adapt.					-.054
Adapt.*Malad.					-.060
SPPA*Malad.*Adapt.					.190

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

SPPA Total = Self Perception Profile for Adolescents Total Score
NPI-JO Adaptive = Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale
NPI-JO Maladaptive= Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale
SPPA*NPI-JO Malad.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*NPI-JO Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale Interaction
Adapt.*Malad.= Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale/ Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*Malad.*Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale/ Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale Interaction

Table 5. Stepwise Regression Analyses Using SPPA and NPI-JO to Predict Internalizing
Self-Report Variables

Outcome variable	Mean (SD)	F	Adjusted R²	β
MACI Subscales				
Introversion	57 (16)			
SPPA Total		10.811***	.253	-.468***
Adapt.*Malad.				-.266*
(excluded variables)				
NPI-JO Adaptive				-.207
NPI-JO Maladaptive				-.044
SPPA*NPI-JO Malad.				.204
SPPA*NPI-JO Adapt.				.096
SPPA*Malad.*Adapt.				-.076
Inhibited	53 (18)			
NPI-JO Adaptive		10.302***	.243	-.332**
SPPA Total				-.314*
(excluded variables)				
NPI-JO Maladaptive				.063
SPPA*NPI-JO Malad.				-.003
SPPA*NPI-JO Adapt.				-.030
Adapt.*Malad.				-.130
SPPA*Malad.*Adapt.				-.033
Doleful	50 (25)	1.197	.023	
SPPA Total				-.002
NPI-JO Adaptive				.224
NPI-JO Maladaptive				.144
SPPA*NPI-JO Malad.				.125
SPPA*NPI-JO Adapt.				-.133
Adapt.*Malad.				-.249
SPPA*Malad.*Adapt.				-.039
Submissive	63 (15)			
NPI-JO Maladaptive		12.269**	.163	-.421**
(excluded variables)				
SPPA Total				.171
NPI-JO Adaptive				-.226
SPPA*NPI-JO Malad.				.080
SPPA*NPI-JO Adapt.				.004
Adapt.*Malad.				.010
SPPA*Malad.*Adapt.				-.064
Conforming	55 (16)			
NPI-JO Maladaptive		7.573**	.185	-.429**
SPPA Total				.327*
(excluded variables)				

NPI-JO Adaptive				.000
SPPA*NPI-JO Malad.				-.025
SPPA*NPI-JO Adapt.				.019
Adapt.*Malad.				.095
SPPA*Malad.*Adapt.				-.010
Self -Demeaning	41 (20)	1.146	.017	
SPPA Total				-.318
NPI-JO Adaptive				-.126
NPI-JO Maladaptive				.171
SPPA*NPI-JO Malad.				.141
SPPA*NPI-JO Adapt.				-.168
Adapt.*Malad.				-.117
SPPA*Malad.*Adapt.				.136
Anxiety	65 (20)			
NPI-JO Maladaptive		8.866**	.119	-.367**
(excluded variables)				
SPPA Total				.208
NPI-JO Adaptive				-.205
SPPA*NPI-JO Malad.				.038
SPPA*NPI-JO Adapt.				.103
Adapt.*Malad.				.022
SPPA*Malad.*Adapt.				-.126
Depression	63 (24)	1.738	.082	
SPPA Total				-.263
NPI-JO Adaptive				-.138
NPI-JO Maladaptive				.307
SPPA*NPI-JO Malad.				-.003
SPPA*NPI-JO Adapt.				.018
Adapt.*Malad.				-.265
SPPA*Malad.*Adapt.				-.093
Suicidality	31 (21)			
NPI-JO Maladaptive		7.403**	.099	.339**
(excluded variables)				
SPPA Total				-.180
NPI-JO Adaptive				-.102
SPPA*NPI-JO Malad.				-.038
SPPA*NPI-JO Adapt.				-.107
Adapt.*Malad.				-.156
SPPA*Malad.*Adapt.				-.064
Jessness Inventory Subscales				
Social Maladjustment	68 (16)			
NPI-JO Maladaptive		8.424**	.119	.367**
(excluded variables)				
SPPA Total				-.182
NPI-JO Adaptive				.205
SPPA*NPI-JO Malad.				-.039
SPPA*NPI-JO Adapt.				-.099
Adapt.*Malad.				-.113
SPPA*Malad.*Adapt.				-.059

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Withdrawal	51 (9)	1.452	.054	
SPPA Total				-.122
NPI-JO Adaptive				-.127
NPI-JO Maladaptive				.347
SPPA*NPI-JO Malad.				.344
SPPA*NPI-JO Adapt.				-.185
Adapt.*Malad.				-.091
SPPA*Malad.*Adapt.				-.007
Reynolds Adolescent Depression Survey (RADS)				
Total Score	57 (18)			
NPI-JO Maladaptive		5.870**	.144	.376**
SPPA Total				-.301*
(excluded variables)				
NPI-JO Adaptive				-.120
SPPA*NPI-JO Malad.				.233
SPPA*NPI-JO Adapt.				-.009
Adapt.*Malad.				-.067
SPPA*Malad.*Adapt.				-.076

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

SPPA Total = Self Perception Profile for Adolescents Total Score
NPI-JO Adaptive = Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale
NPI-JO Maladaptive= Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale
SPPA*NPI-JO Malad.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality
Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*NPI-JO Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality
Inventory-Juvenile Offender Adaptive Composite Scale Interaction
Adapt.*Malad.= Narcissistic Personality Inventory-Juvenile Offender Adaptive Composite Scale/
Narcissistic Personality Inventory-Juvenile Offender Maladaptive Composite Scale Interaction
SPPA*Malad.*Adapt.= Self Perception Profile for Adolescents Total Score/Narcissistic Personality
Inventory-Juvenile Offender Maladaptive Composite Scale/ Narcissistic Personality Inventory-Juvenile
Offender Adaptive Composite Scale Interaction

APPENDICES

APPENDIX A

Narcissistic Personality Inventory – Juvenile Offender (NPI-JO)

Directions

In each of the following pairs of attitudes, choose the one that you **most agree** with. Mark your answer by placing an X next to the phrase which best describes you. Only mark **one answer** for each sentence pair.

	A		B	
1		I am good at getting people to do things my way.		I am not good at getting people to do things my way.
2		I like it when others brag about good thing I have done.		I don't like it when others brag about my accomplishments.
3		I would do almost anything if you dared me.		I am a pretty careful person.
4		When people say good things about me, sometimes I get embarrassed.		I know that I am good because everybody keeps telling me so.
5		The thought of me ruling the world scares me.		If I ruled the world, it would be a better place.
6		I can usually talk my way out of trouble.		I usually accept the consequences of my behavior.
7		I prefer to be just like other people.		I like to be the center of attention.
8		I will do really well in life.		Doing well in life is not really important to me.
9		I am no better or worse than most people are.		I think I am a special person.
10		I am not sure that I would make a good leader.		I think that I am a good leader.
11		I'm not shy about asking for what I want.		I wish I were not such a shy person when it comes to asking for what I want.
12		I like being in charge of other people.		I don't mind following others.
13		It is easy for me to control other people.		I don't feel comfortable being in control other people.
14		It is really important that others show me the respect I deserve.		I usually get the respect that I deserve.
15		I don't really like to show off my body.		I like to show off my body.
16		I can read people really well.		People are sometimes hard to understand.
17		If I know what I am doing, then I am willing to making choices or decisions.		I like to make choices or decisions no matter what the situation.

18		I just want to be pretty happy.		I want others to think I am special and great.
19		My body is nothing special or great.		I like to look at my body.
20		I try not to show off.		I will show off if I get the chance.

	A		B	
21		I always know what I am doing.		Sometimes I am not sure what I am doing.
22		I sometimes get other people to help me when I do things.		I almost always do things on my own.
23		Sometimes I tell good jokes or stories.		Everybody always likes to hear my jokes or stories.
24		I expect a lot from other people.		I like doing good things for other people.
25		I don't think I get as much as I should in life.		I am usually satisfied with what I get in life.
26		It embarrasses me when people tell me good things about myself.		I like it when people tell me I look good or I have done a good job.
27		I like to be in control of things.		I don't really care about being the person in control.
28		I don't care much about wearing clothes that are in style.		I like to start new fads or styles in clothes.
29		I like to look at myself in the mirror a lot.		I don't really care to look at myself in the mirror too often.
30		I really like to be the center of attention.		It makes me feel uncomfortable to be the center of attention.
31		I can live my life any way I want to.		People can't always live their lives the way they want.
32		Being in charge doesn't mean much to me.		People always seem to realize that I am in charge.
33		When I am in a group, I like to be the leader.		I don't care if I am the leader or not.
34		I am going to be a great person.		I hope I am going to be successful.
35		People only sometimes believe what I tell them.		I can make people believe anything I want them to.
36		I was born a good leader.		It takes a long time to learn to be a good leader.
37		I wish someone would someday write a story about my life.		I don't like people getting into my business for any reason.
38		I get upset when people don't notice how I look when I go out.		I don't mind if people don't notice me.

39		Things come easier to me than to other people.		There is a lot I can learn from other people.
40		I am just as good as everybody else.		I am a really great person.

Narcissistic Personality Inventory – Juvenile Offender (NPI-JO) Scoring Template

Directions

In each of the following pairs of attitudes, choose the one that you **most agree** with. Mark your answer by placing an X next to the phrase which best describes you. Only mark **one answer** for each sentence pair.

	A			*B*	
1	Ath	I am good at getting people to do things my way.			I am not good at getting people to do things my way.
2	Exh	I like it when others brag about good thing I have done.			I don't like it when others brag about my accomplishments.
3	Exh	I would do almost anything if you dared me.			I am a pretty careful person.
4		When people say good things about me, sometimes I get embarrassed.	Sup		I know that I am good because everybody keeps telling me so.
5		The thought of me ruling the world scares me.	Ent		If I ruled the world, it would be a better place.
6	Exp	I can usually talk my way out of trouble.			I usually accept the consequences of my behavior.
7		I prefer to be just like other people.	Exh		I like to be the center of attention.
8	Ath	I will do really well in life.			Doing well in life is not really important to me.
9		I am no better or worse than most people are.	Sup		I think I am a special person.
10		I am not sure that I would make a good leader.	Ath		I think that I am a good leader.
11	Ath	I'm not shy about asking for what I want.			I wish I were not such a shy person when it comes to asking for what I want.
12	Ath	I like being in charge of other people.			I don't mind following others.
13	**Exp**	It is easy for me to control other people.			I don't feel comfortable being in control other people.
14	Ent	It is really important that others show me the respect I deserve.			I usually get the respect that I deserve.
15		I don't really like to show off my body.	Van		I like to show off my body.
16	Exp	I can read people really well.			People are sometimes hard to understand.

17		If I know what I am doing, then I am willing to making choices or decisions.	SS	I like to make choices or decisions no matter what the situation.
18		I just want to be pretty happy.	Ent	I want others to think I am special and great.
19		My body is nothing special or great.	Van	I like to look at my body.
20		I try not to show off.	Exh	I will show off if I get the chance.

	A		B	
21	SS	I always know what I am doing.		Sometimes I am not sure what I am doing.
22		I sometimes get other people to help me when I do things.	SS	I almost always do things on my own.
23		Sometimes I tell good jokes or stories.	Exp	Everybody always likes to hear my jokes or stories.
24	Ent	I expect a lot from other people.		I like doing good things for other people.
25	Ent	I don't think I get as much as I should in life.		I am usually satisfied with what I get in life.
26		It embarrasses me when people tell me good things about myself.	Sup	I like it when people tell me I look good or I have done a good job.
27	Ent	I like to be in control of things.		I don't really care about being the person in control.
28		I don't care much about wearing clothes that are in style.	Exh	I like to start new fads or styles in clothes.
29	Van	I like to look at myself in the mirror a lot.		I don't really care to look at myself in the mirror too often.
30	Exh	I really like to be the center of attention.		It makes me feel uncomfortable to be the center of attention.
31	SS	I can live my life any way I want to.		People can't always live their lives the way they want.
32		Being in charge doesn't mean much to me.	Ath	People always seem to realize that I am in charge.
33	Ath	When I am in a group, I like to be the leader.		I don't care if I am the leader or not.
34	SS	I am going to be a great person.		I hope I am going to be successful.
35		People only sometimes believe what	Exp	I can make people believe

		I tell them.			anything I want them to.
36	**Ath**	I was born a good leader.			It takes a long time to learn to be a good leader.
37	**Sup**	I wish someone would someday write a story about my life.			I don't like people getting into my business for any reason.
38	**Exh**	I get upset when people don't notice how I look when I go out.			I don't mind if people don't notice me.
39	**SS**	Things come easier to me than to other people.			There is a lot I can learn from other people.
40		I am just as good as everybody else.	**Sup**		I am a really great person.

Adaptive Subscales
Ath = Authority
Sup = Superiority
SS = Self-Sufficiency
Van = Vanity

Maladaptive Subscales
Exp = Exploitativeness
Ent = Entitlement
Exh = Exhibitionism