

# Is Narcissism Associated with Child Physical Abuse Risk?

Julie L. Crouch · Regina Hiraoka · Ericka Rutledge ·  
Bettina Zengel · John J. Skowronski · Joel S. Milner

Published online: 12 February 2015  
© Springer Science+Business Media New York 2015

**Abstract** The present study was designed to clarify the associations between covert narcissism, overt narcissism, negative affect, and child physical abuse (CPA) risk. It was hypothesized that covert (but not overt narcissism) would be significantly associated with parental CPA risk and that negative affect would partially mediate this association. General population parents ( $N = 178$ ; 33 % male) with varying degrees of CPA risk completed self-report measures of covert narcissism, overt narcissism, and negative affect. Results revealed that at the bivariate level, covert narcissism and two subscales of the overt narcissism measure (exploitativeness and entitlement) were significantly correlated with CPA risk. However, when covert narcissism and overt narcissism were considered simultaneously in a regression analysis, only covert narcissism emerged as a significant predictor of CPA risk. Results of a path analysis supported the prediction that negative affect partially mediated the association between covert narcissism and CPA risk. Findings from the present study illustrate the value of assessing both overt and covert narcissistic features in research investigating the role of narcissism in interpersonal violence. Moreover, the results revealed that covert narcissism was associated with CPA risk, even after accounting for their mutual associations with negative affect. Additional research is needed to explicate the other cognitive/affective mechanisms through which covert narcissism increases risk of aggressive parenting behavior.

**Keywords** Personality · Aggression · Parenting · Maltreatment · Child abuse

The role of parental personality factors in the etiology of child physical abuse (CPA) has been widely acknowledged for decades (e.g., Belsky 1993; Friedrich and Wheeler 1982; Spinetta and Rigler 1972); however, the precise nature of the parental characteristics contributing to risk for CPA remains elusive. Current models of CPA recognize a variety of parental cognitive, affective, and emotional factors that appear to increase risk of aggression toward children (e.g., Azar et al. 2008; Milner 2000). For example, considerable research suggests that parents at risk for CPA experience high levels of personal distress (e.g., De Paúl et al. 2008; Milner and Dopke 1997), have difficulty taking the perspective of others (e.g., De Paúl et al. 2008; McElroy and Rodriguez 2008) and believe that others (including children) are intentionally attempting to annoy or irritate them (e.g., Farc et al. 2008; De Paúl et al. 2006). Such characteristics may reflect a high degree of self-centeredness (e.g., preoccupation with one's own distress, lack of empathy) and suggest the need for additional research examining the association between narcissistic personality features and CPA risk.

Moreover, a growing body of research links narcissism to various forms of aggression (Baumeister et al. 1996; Miller et al. 2010; Ronningstam 2005). For example, in laboratory situations narcissistic participants have been found to: 1) evince more hostility (Baumeister et al. 1996), 2) display higher levels of unprovoked aggression (Reidy et al. 2010), and 3) display more aggression toward a person they perceived to be the source of an insult (Bushman and Baumeister 1998; Jones and Paulhus 2010). Although narcissism has been implicated in other forms of family violence (e.g., child sexual abuse, Gilgun 1988; intimate partner violence, Meier 2005),

J. L. Crouch (✉) · J. S. Milner  
Center for the Study of Family Violence and Sexual Assault,  
Northern Illinois University, DeKalb, IL 60115, USA  
e-mail: jrcrouch@niu.edu

R. Hiraoka · E. Rutledge · B. Zengel · J. J. Skowronski  
Department of Psychology, Northern Illinois University,  
DeKalb, IL 60115, USA

the extent to which narcissism increases risk of parental aggression against children has received only limited attention.

In one of the few empirical studies examining the role of narcissism in risk for parental aggression, Collins (2004) reported that covert (but not overt) narcissism was strongly associated with child physical abuse potential. The distinction between covert and overt narcissism reflects current conceptualizations of narcissism as being comprised of two distinct forms (Cain et al. 2008; Miller et al. 2010; Wink 1991). Overt narcissism represents a variant of narcissism closest to the diagnostic criteria for Narcissistic Personality Disorder (DSM-5; American Psychiatric Association 2013) and is characterized by beliefs of superiority, social confidence, entitlement, and dominance. In contrast, covert narcissism reflects a more vulnerable form of narcissism characterized by fearfulness/inhibition, insecurity, self-blame, and sadness. Research supports contentions that overt and covert forms of narcissism yield distinctly different patterns of correlations with a variety of personality and psychopathology measures (Pincus and Lukowitsky 2010; Wink 1991); although both forms of narcissism possess a common core of characteristics including self-centeredness, excessive need for recognition, intolerance, and disregard for the needs of others (Collins 2004; Wink 1991).

In the only published study on this topic, Wiehe (2003) assessed both covert and overt narcissism in a sample of physically and emotionally abusive parents and a comparison group of foster parents. Results revealed that covert narcissism, as measured by the Hypersensitivity Narcissism Scale (HSNS), was significantly associated with maltreatment status, such that the maltreating parents reported significantly higher levels of covert narcissism. With respect to overt narcissism, as measured by the subscales of the Narcissistic Personality Inventory (NPI), the findings were mixed. Although maltreating parents obtained significantly higher scores on the Entitlement and Exploitativeness NPI subscales, foster parents obtained significantly higher scores on the Authority and Superiority NPI subscales. No differences between the maltreating and foster parent groups were noted for the remaining three NPI subscales (i.e., Exhibitionism, Self-sufficiency, and Vanity). A limitation of the Wiehe study is that the measures of covert and overt narcissism were not considered simultaneously, which would have allowed for a clearer assessment of the independent contributions of each form of narcissism to parental maltreatment status.

Another limitation of the Wiehe (2003) study is that it did not take negative affect into account as a common correlate of both covert narcissism and child physical abuse (CPA) risk. Indeed, negative affect appears to be a characteristic commonly associated with covert (but not overt) narcissism (Wink 1991). According to Wink (1991), individuals who obtained higher scores on a measure of covert narcissism were

described by their spouses as having higher levels of negative affective states such as worry, anxiety, bitterness, dissatisfaction, tension, and moodiness. Moreover, negative affective states have been found to be associated with more controlling, punishing, rejecting, and aggressive parenting behaviors (e.g., Crouch and Milner 2005; Mammen et al. 2002). This pattern of findings raises the following questions. Does negative affect mediate the association between covert narcissism and CPA risk? Is the association between covert narcissism and CPA risk fully accounted for by their mutual association with negative affect?

The present study was designed to advance our understanding of the interplay of parental narcissism, negative affect, and CPA risk. More specifically, the present study employed a convenience sample of general population parents who completed measures of negative affect, covert narcissism, and overt narcissism, as well as a measure of CPA risk. Based on the findings of Wiehe (2003) and Collins (2004), it was hypothesized that covert narcissism would be significantly related to higher levels of parental CPA risk. Consistent with the findings of Wiehe, we predicted that, at the bivariate level, the only indicators of overt narcissism associated with CPA risk would be exploitativeness and entitlement; however, when considered simultaneously with a measure of covert narcissism, we predicted that only covert narcissism would be significantly associated with CPA risk. Further, we predicted that negative affect would partially mediate the association between covert narcissism and CPA risk.

## Method

### Participants

Two hundred general population parents were recruited to participate in the present study. Of these parents, nine participants were excluded from analyses because of random response patterns detected on the Child Abuse Potential (CAP) Inventory. An additional 13 participants were excluded due to missing data (i.e., 10 % or more of responses missing) on one or more of the study measures. Of the remaining 178 respondents (66.3 % were women), approximately half (51.7 %) described themselves as Black/African American, 41.6 % as White/Caucasian, and 6.7 % other. The mean age of respondents was 33.4 years ( $SD = 10.6$ ). With respect to marital status, 38.2 % were married, 35.4 % were single, 19.1 % were cohabitating, and 7.3 % were divorced/separated. With respect to educational attainment, 4.5 % had less than a high school diploma, 24.2 % received a high school diploma or equivalent, 44.9 % reported some college, 15.2 % received a bachelor's degree, and 11.2 % received some form of graduate degree.

## Measures

**Child Abuse Potential (CAP) Inventory** The CAP Inventory is a 160-item, agree-disagree, self-report questionnaire designed to screen for CPA risk (Milner 1986). Scores on the CAP physical abuse scale range from 0 to 486, with higher scores reflecting greater CPA risk. The CAP abuse scale is comprised of six subscales: distress, rigidity, unhappiness, problems with child/self, problems with family, and problems with others. The CAP Inventory also contains three validity scales (i.e., random responding, faking good, and faking bad), which can be used to detect response distortion. In the present study, respondents with elevated random response indices were excluded from further analyses.<sup>1</sup>

Internal consistency of the CAP Inventory as completed by the parents participating in this study ( $N = 178$ ) was .90. Numerous studies report construct validity data for the CAP abuse scale (see Milner 1986, 1994, 2003). For example, CAP Inventory abuse risk scores are significantly associated with measures of aggression in parents (Crouch et al. 2012), as well as the use of harsh discipline strategies by parents (Rodriguez 2010). Classification rates based on discriminant analysis of child physical abusers and matched comparison parents are in the mid-80 to low-90 % range (Milner 1986, 1994). Studies examining the CAP's specificity indicate 100 % correct classification of nurturing foster parents, low-risk mothers, and nurturing mothers. Prospective research revealed a significant association between CAP abuse scores and subsequent CPA (Milner et al. 1984; Chaffin and Valle 2003).

**Depression Anxiety Stress Scales (DASS)** The DASS consists of three self-report scales designed to measure the negative emotional states of depression, anxiety, and stress (Lovibond and Lovibond 1995). Each of the three DASS scales contains 14 items, and participants were asked to use a 4-point severity/frequency scale to rate the extent to which they have experienced each item *over the past week*. Response options range from 0 (*did not apply to me at all*) to 3 (*applied to me very much/most of the time*). In the present study, scores for the depression, anxiety, and stress scales were summed to create a composite measure of negative emotional symptoms, with higher scores reflecting higher levels of negative emotional symptoms experienced in the past week. Internal consistency of the DASS as completed by the parents participating in the present study ( $N = 178$ ) was .95.

<sup>1</sup> The faking-good index of the CAP Inventory was elevated for 35.3 % of the respondents in this sample; however supplemental analyses revealed that the pattern of findings (including the fit of the final model and the model estimates) was not substantially altered when respondents with elevated faking good indices were removed. Thus, participants with elevated faking good indices were retained in the final sample.

**Hypersensitivity Narcissism Scale (HSNS)** The HSNS is a 10-item questionnaire designed to assess covert narcissism (Hendin and Cheek 1997). Respondents are instructed to determine the extent to which each item is “characteristic of your feelings and behavior” and to select the appropriate response from a scale ranging from 1 (*very uncharacteristic of me*) to 5 (*very characteristic of me*). Sample items include: “*I often interpret the remarks of others in a personal way*,” and “*I am secretly “put out” when other people come to me with their problems, asking me for my time and sympathy*.” Items are summed to obtain a total score, with higher scores reflecting the presence of covert narcissistic features. The internal consistency of the HSNS as completed by the parents in the present study ( $N = 178$ ) was .72. HSNS scores correlate as expected with measures of alienation, insecure attachment, neuroticism, and disagreeableness (Arble 2008; Hendin and Cheek 1997).

**Narcissistic Personality Inventory (NPI)** The NPI contains 40 forced-choice items designed to assess narcissistic personality features (Raskin and Terry 1988). Each item consists of two statements, one of which describes a feature of narcissism. For each item, respondents are asked to indicate which of the two statements best describes them. A point is awarded for each narcissistic feature endorsed. The NPI consists of seven subscales: Authority (8 items, sample item: *People always seem to recognize my authority*), Self sufficiency (6 items, sample item: *I always know what I am doing*), Superiority (5 items, sample item: *I am an extraordinary person*), Exhibitionism (7 items, sample item: *I like to be the center of attention*), Exploitativeness (5 items, sample item: *I find it easy to manipulate people*), Vanity (3 items, sample item: *I like to show off my body*), and Entitlement (6 items, sample item: *I insist upon getting the respect that is due me*). Total NPI scores range from 0 to 40, with higher scores associated with higher levels of overt narcissistic personality features. The NPI total scale has been found to possess adequate internal consistency (alphas ranging from .82 to .84; Raskin and Terry 1988). Internal consistency of the NPI total scale as completed by the parents participating in this study ( $N = 178$ ) was .81. The NPI was designed based on the diagnostic criteria for the Narcissistic Personality Disorder (NPD; American Psychiatric Association 2013) and has been widely used with both general population and clinical populations (Raskin and Terry 1988). The NPI has been found to correlate as expected with other measures of overt narcissism (Raskin and Terry 1988; Samuel and Widiger 2008).

**Procedures** The following procedures were reviewed and approved by the institutional review board at the first author's institution. To recruit parents for the study, informational flyers were distributed through local agencies (e.g., daycares, service agencies). The flyers stated that parents would be

asked to complete a packet of questionnaires, which would take approximately 50 min and participants would receive \$20. Parents were asked to sign a consent form and data were collected anonymously, in small groups, in a classroom setting. After completing the questionnaires parents were given a debriefing statement and paid \$20.

**Analytic strategy** Demographic variables significantly associated with any of the main study variables were entered as control variables in the planned analyses. Pearson correlations were used to assess bivariate associations between measures of covert narcissism, overt narcissism, negative affect, and CPA risk. Next, regression analysis was used to determine which narcissism measures were independently associated with CPA risk. Finally, a path analysis, using maximum likelihood estimation, was used to test the fit of a model, in which negative affect mediated the association between covert narcissism and CPA risk.

## Results

Results of the regression analyses examining whether demographic characteristics were associated with the main study variables revealed that educational attainment was a significant predictor of both CAP abuse scores and DASS total scores. Participants with lower levels of educational attainment obtained higher CAP abuse scores ( $\beta = -.33$ ,  $p < .001$ ) and higher DASS negative affect scores ( $\beta = -.20$ ,  $p = .010$ ). Therefore, educational attainment was entered as a control variable in each of the analyses described below.

Table 1 displays descriptive statistics and the bivariate associations between CAP abuse scores, DASS negative affect scores, HSNS, and NPI total and subscale scores. As predicted, only the HSNS ( $r = .42$ ) and two subscales of the NPI, exploitativeness ( $r = .16$ ), and entitlement ( $r = .21$ ), were significantly associated with CAP abuse scores. When the HSNS, NPI exploitativeness, and NPI entitlement scores were entered simultaneously into a regression predicting CAP abuse scores (with educational attainment entered as a control variable), only HSNS covert narcissism ( $\beta = .42$ ,  $p < .001$ ) remained a significant predictor of CAP abuse scores.

## Mediation Analyses

Figure 1 presents the standardized weights for the path analysis examining negative affect as a mediator of the relationships between educational attainment (as a control variable), covert

narcissism, and child abuse risk.<sup>2</sup> The fit of the final model was good,  $\chi^2(1) = 1.13$ ,  $p = .287$ , RMSEA = .027, and CFI = .99.<sup>3</sup> As expected, covert narcissism ( $\beta = .21$ ,  $p < .01$ ) and educational attainment ( $\beta = -.24$ ,  $p < .01$ ) had direct effects on CPA risk. In addition, both covert narcissism and educational attainment had indirect effects on CPA risk through negative affect: covert narcissism indirect effect,  $\beta = .22$ ,  $p < .01$ ; educational attainment indirect effect,  $\beta = -.14$ ,  $p < .01$ . Thus, the total effect (i.e., direct plus indirect effects) of covert narcissism on CPA risk was  $\beta = .43$  and the total effect of educational attainment on CAP risk was  $\beta = -.38$ . The final model accounted for 26 % of the variance in negative affect and 55 % of the variance in CPA risk.

## Exploratory Analyses

To further explore the association between covert narcissism and CPA risk, post hoc analyses were conducted to examine the partial correlations between HSNS covert narcissism scores and the six CAP abuse subscales (i.e., distress, rigidity, unhappiness, problems with self/child, problems with family, and problems with others). Only problems with others ( $r = .32$ ,  $p < .001$ ) and distress ( $r = .25$ ,  $p = .001$ ) were significantly associated with HSNS covert narcissism scores after controlling for DASS negative affect scores and educational attainment. When the CAP problems with others and distress subscales were considered simultaneously in a regression predicting HSNS covert narcissism scores (with DASS negative affect and educational attainment entered as control variables), only the CAP problems with others subscale ( $\beta = .26$ ,  $p = .001$ ) remained significantly associated with HSNS covert narcissism scores.

<sup>2</sup> Using the benchmark  $\pm 2.0$ , none of the variables in the path analysis exhibited significant skewness, and only one variable, the DASS total score, had significant kurtosis (kurtosis = 3.39). To correct for this, a logarithmic transformation of the DASS total score was performed. Utilizing the transformed DASS variable, the fit of the final model remained unchanged, although several path estimates varied slightly. Given that the results of the path analysis were not substantially altered by transforming the DASS variable, only the results from analyses based on the raw data are presented.

<sup>3</sup> To explore whether the final model differed for men and women in our sample, we conducted a multi-group path analysis using parent gender as a grouping variable. In this analysis we compared a model in which the path weights were constrained to be equal for men and women to a model in which these constraints were not specified. The fit of the constrained model did not differ significantly from the fit of the unconstrained model,  $\chi^2(5) = 2.48$ ,  $p = .780$ , which indicates that imposing the additional restriction of equal factor loadings for men and women did not result in a significant worsening of overall model fit. Thus, the model results did not vary significantly for the men and women in this sample. Of course the results of the multi-group comparison should be viewed with caution given that the ratio of participants ( $N = 178$ ) to parameters estimated (i.e., 21) was only 8.5 to 1.

**Table 1** Means (M), Standard Deviations (SD) and intercorrelations of CAP abuse scores, negative affect, and narcissism measures

Measure	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. CAP abuse score	118.12	79.88	—										
2. DASS negative affect	19.65	18.65	.68**	—									
3. HSNS total covert narcissism	26.38	6.59	.42**	.43**	—								
4. NPI total overt narcissism	15.15	6.28	.02	-.05	-.04	—							
5. NPI authority	4.64	1.99	-.03	-.09	-.13	.77**	—						
6. NPI self sufficiency	2.66	1.41	-.04	-.18*	-.09	.64**	.39**	—					
7. NPI superiority	2.44	1.35	-.07	-.11	-.10	.70**	.47**	.41**	—				
8. NPI exhibitionism	1.35	1.42	.07	.11	.08	.57**	.34**	.09	.28**	—			
9. NPI exploitativeness	1.30	1.13	.16*	.10	.11	.50**	.29**	.30**	.19**	.28**	—		
10. NPI vanity	1.07	0.99	-.05	-.11	-.05	.58**	.34**	.30**	.39**	.28**	.12	—	
11. NPI entitlement	1.58	1.13	.21**	.21**	.08	.61**	.38**	.27**	.32**	.29**	.22**	.28**	—

*N* = 178. *CAP* child abuse potential, *DASS* depression, anxiety, stress scale, *HSNS* hypersensitivity narcissism scale, *NPI* narcissistic personality inventory

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

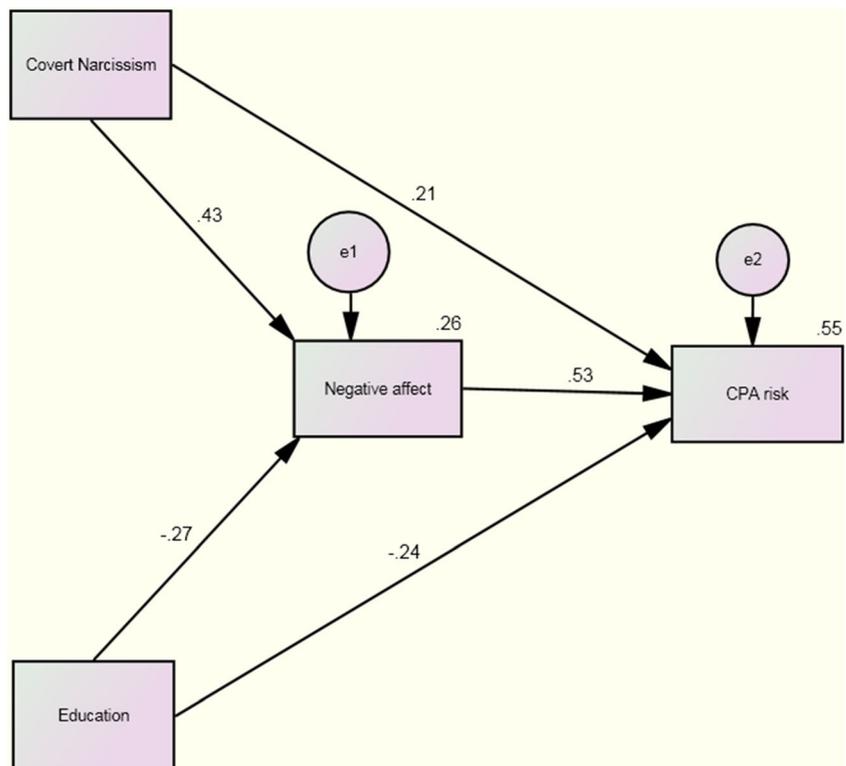
**Discussion**

Findings from the present study are consistent with those of Collins (2004) and Wiehe (2003), in that self-reported covert narcissism was found to be significantly associated with parental CPA risk. As in the Wiehe and Collins studies, the present findings support the notion that parents at higher risk for CPA are preoccupied with their own well being, so much

so that they have difficulty taking the concerns or problems of others into consideration. Moreover, parents with higher CPA risk endorsed feelings of insecurity around others, a tendency to take things too personally, and being easily hurt by the remarks of others.

As predicted, findings from the present study revealed that negative affect partially mediated the association between covert narcissism and CPA risk. Prior research suggests that

**Fig. 1** Standardized weights for the final model examining negative affect as a mediator of the relationships between covert narcissism, educational attainment, and child physical abuse risk. Note. CPA = child physical abuse. All paths shown are significant (*p* < .01)



negative affect may serve to precipitate parental aggression (Mammen et al. 2002), and additional research is needed to clarify the extent to which the cognitive/affective mechanisms that underlie covert narcissism contribute to intense states of negative affect that may trigger reactive parental aggression. For example, covert narcissists may be more likely to interpret routine challenges associated with child rearing (e.g., prolonged bouts of infant crying, defiant toddlers) as overwhelming threats to their self-esteem/well-being, resulting in intense feelings of anger and frustration, which in turn may lead to increased risk of parental aggression.

It also is noteworthy that the association between covert narcissism and CPA risk was only partially mediated through negative affective states. Thus, covert narcissism and CPA risk share variance beyond their mutual association with negative affective states. Post hoc analyses revealed that the CAP Inventory problems with others subscale was the only subscale of the CAP that was independently and significantly associated with covert narcissism after taking negative affect into consideration. Item analysis of the CAP problems with others subscale revealed that high CPA risk parents report significantly higher rates of problems in their relationships, including not being able to count on or trust others, feeling that others have made their lives hard, and believing that others have caused them to feel unhappy and/or a lot of pain (Milner 1986).

Importantly, the present findings raise questions as to the origins of the relationship problems reported by high CPA risk parents. For example, is it that potentially supportive others are untrustworthy - or do covertly narcissistic high risk parents simply find it hard to trust them? Indeed, the interpersonal sensitivity, self-absorption, and unrealistic expectations characteristic of covert narcissism may contribute to the difficulties that high CPA risk parents have when attempting to engage in trusting, supportive relationships with others (e.g., Crouch et al. 2001; Thompson 1995). Thus, interventions designed to address the maladaptive beliefs about self/others that underlie covert narcissism may be necessary in order to improve the high CPA risk parent's ability to effectively negotiate relationships in a manner that allows them to meet their social/emotional needs and to feel secure with supportive others.

Just as covert narcissism creates dynamics that make it difficult for the high CPA risk parent to relate adaptively with other adults, it is likely that covert narcissism also negatively impacts the parent-child relationship context. Supporting this possibility, Collins (2004) reported that higher levels of maternal covert narcissism were associated with a lack of empathic awareness of children's needs, developmentally inappropriate expectations of children, a tendency to reverse parent-child roles, as well as higher beliefs in the value of corporal punishment. Thus, according to Collins, covert narcissism increases risk for child physical abuse by creating a

relationship context that fosters parent-child role reversals, which in turn results in inappropriate expectations of children (i.e., children are expected to behave in ways that gratify the parent), a lack of empathy for children's needs (largely due to the parent's preoccupation with their own needs), and risk of reactive aggression when children fail to comply with or gratify parental needs.

Thus, when considered in the broader context of research on risk factors for child physical abuse, covert narcissism may serve as a unifying etiological factor that gives rise to a variety of risk factors associated with child physical abuse risk (i.e., negative affect, low perceived support, lack of empathy, developmentally inappropriate expectations, parent-child role reversal). Addressing the dynamics underlying covert narcissism may be necessary in order to effectively remediate a range of risk factors and ultimately reduce risk for child physical abuse.

Consistent with the findings of Wiehe (2003), the present study found that only the entitlement and exploitativeness subscales of the overt narcissism measure were significantly associated with CPA risk at the bivariate level. However, the present study revealed that when considered simultaneously with covert narcissism and educational attainment, entitlement and exploitativeness did not emerge as independent contributors to CPA risk. Thus, none of the overt narcissism scales contributed to the prediction of CPA risk beyond the variance accounted for by covert narcissism and educational attainment. These findings contribute to a growing literature on the importance of considering both covert narcissism and overt narcissism in efforts designed to understand the role that narcissistic features might play in various forms of interpersonal maladjustment (for a review see Cain et al. 2008).

Limitations of the present study include the fact that each of the measures examined was obtained through self report. Hence, measurement bias may account for some of the associations observed among the constructs of interest. Conceptual overlap between the measures of narcissism, negative affect, and CPA risk used in the present study also likely inflated the strength of the associations noted in the present study. However, it is noteworthy that the pattern of associations between the self-report measures of covert narcissism, overt narcissism, and CPA risk noted in the present study closely replicated the findings from Wiehe (2003) in which maltreatment status was determined by official records. Replication across these two studies, which used two different approaches to determine child abuse risk status, increases our confidence that the association between covert narcissism and child physical abuse risk is not the result of methodological artifacts.

Clearly, the cross-sectional nature of the data used in the present study limits the extent to which mediation/causation can be inferred. Although we suggest that covert narcissism

influences negative affective states, it is possible that the negative affective states characteristic of CPA risk may exacerbate covert narcissism. It also is interesting to note that the predictor variables entered in our final model (i.e., covert narcissism, educational attainment, and negative affect) accounted for only 55 % of the variance in CAP abuse scores. Thus, not surprisingly, covert narcissism, educational attainment, and negative affect accounted for only a portion of the variability in CAP abuse scores and additional factors must be considered in order to fully account for a parent's CPA risk status.

A number of limitations related to the measures used in the present study also warrant consideration. Although the DASS assessed a broad range of negative affective states (including depression, anxiety, and stress), there are obviously other relevant forms of negative affect (e.g., hostility, anger) that were not assessed. However, given that prior research suggests that negative affective states (e.g., depression, hostility, anxiety) tend to be highly correlated and load primarily on a single factor (e.g., neuroticism; Costa and McCrae 1985; Eysenck and Eysenck 1985), it is not clear whether a broader assessment of negative affect would have produced different results. Nonetheless, hostility has been found to be a significant predictor of parent-to-child aggression (Mammen et al. 2002) and a more thorough assessment of hostility and anger would have been informative in the present study.

It also is noteworthy that the present study focused only on child physical abuse risk, and did not include assessment of risk for other forms of child maltreatment (e.g., psychological abuse, various forms of neglect, sexual abuse). Given that risk for child physical abuse may co-occur with other forms of family violence, including intimate partner violence (Merrill et al. 2004) and psychological abuse (Berzenski and Yates 2011), it would be interesting to investigate the association between narcissistic features and various combinations of family violence. It also should be noted that CPA perpetration was not directly assessed in the present study; therefore caution should be used when attempting to generalize the findings from this study to abusive parents.

Despite the limitations noted above, the present study replicates and extends the findings of Collins (2004) and Wiehe (2003) by demonstrating that, even after controlling for negative affective states, covert (but not overt) narcissistic features are associated with parental risk for CPA. Additional research designed to delineate how parents with high levels of covert narcissism encode, interpret, and evaluate a variety of social stimuli (e.g., overtures of support from others, child transgressions, infant crying) would help clarify the social cognitive mechanisms through which covert narcissism impacts parenting behavior. Such research would help advance our understanding of the extent to which covert narcissism augments risk of parental aggression towards children.

## References

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., ). Washington, DC: Author.
- Arble, E. P. (2008). Evaluating the psychometric properties of the hypersensitive narcissism scale: implications for the distinction of covert and overt narcissism. Masters Theses and Doctoral Dissertations, 236. <http://commons.emich.edu/theses/236>.
- Azar, S. T., Reitz, E. B., & Goslin, M. C. (2008). Mothering: thinking is part of the job description: application of cognitive views to understanding maladaptive parenting and doing intervention and prevention work. *Journal of Applied Developmental Psychology*, 29, 295–304.
- Baumeister, R., Smart, L., & Boden, J. (1996). Relation of threatened egotism to violence and aggression: the dark side of high self-esteem. *Psychological Review*, 103, 5–33. doi:10.1037/0033-295X.103.1.5.
- Belsky, J. (1993). Etiology of child maltreatment: a developmental-ecological analysis. *Psychological Bulletin*, 114, 413–434. doi:10.1037/0033-2909.114.3.413.
- Berzenski, S. R., & Yates, T. M. (2011). Classes and consequences of multiple maltreatment: a person-centered analysis. *Child Maltreatment*, 16, 250–261. doi:10.1177/1077559511428353.
- 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. doi:10.1037/0022-3514.75.1.219.
- Cain, N. M., Pincus, A. L., & Ansell, E. B. (2008). Narcissism at the crossroads: phenotypic description of pathological narcissism across clinical theory, social/personality psychology, and psychiatric diagnosis. *Clinical Psychology Review*, 28, 638–656. doi:10.1016/j.cpr.2007.09.006.
- Chaffin, M., & Valle, L. A. (2003). Dynamic prediction characteristics of the child abuse potential inventory. *Child Abuse & Neglect*, 27, 463–481. doi:10.1016/S0145-2134(03)00036-X.
- Collins, M. (2004). *Narcissistic traits and parenting style: a closer look at maladaptive parenting through parent-child observations, parent self-report, and child self-report* (Doctoral dissertation). Available from ProQuest Information and Learning Company. (UMI No. 3144980)
- Costa, P., & McCrae, R. (1985). *The NEO Personality Inventory*. Odessa: Psychological Assessment Resources.
- Crouch, J. L., & Milner, J. S. (2005). The social information processing model of child physical abuse: A conceptual model for prevention and intervention strategies. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Child victimization* (pp. 1–19). Kingston: Civic Research Institute.
- Crouch, J. L., Milner, J. S., & Thompson, C. (2001). Childhood physical abuse, early social support, and risk for maltreatment: current social support as a mediator of risk for child physical abuse. *Child Abuse & Neglect*, 25, 93–107. doi:10.1016/S0145-2134(00)00230-1.
- Crouch, J. L., Irwin, L. M., Wells, B. W., Shelton, C. R., Skowronski, J. J., & Milner, J. S. (2012). The *Word Game*: an innovative strategy for assessing implicit processes in parents at risk for child physical abuse. *Child Abuse & Neglect*, 36, 498–509.
- De Paül, J., Asla, N., Pérez-Albéniz, A., & Torres-Gómez de Cádiz, B. T. (2006). Impact of stress and mitigating information on evaluations, attributions, affect, disciplinary choices, and expectations of compliance in mothers at high and low risk for child physical abuse. *Journal of Interpersonal Violence*, 21, 1018–1045. doi:10.1177/0886260506290411.
- De Paül, J., Pérez-Albéniz, A., Guibert, M., Asla, N., & Ormaechea, A. (2008). Dispositional empathy in neglectful mothers and mothers at high risk for child physical abuse. *Journal of Interpersonal Violence*, 23, 670–684. doi:10.1177/0886260507313532.

- Eysenck, H., & Eysenck, M. (1985). *Personality and individual differences*. New York: Plenum Press.
- Farc, M., Crouch, J. L., Skowronski, J. J., & Milner, J. S. (2008). Hostility ratings by parents at risk for child abuse: impact of chronic and temporary schema activation. *Child Abuse & Neglect*, *32*, 177–193. doi:10.1016/j.chiabu.2007.06.001.
- Friedrich, W. N., & Wheeler, K. K. (1982). The abusing parent revisited: a decade of psychological research. *The Journal of Nervous and Mental Disease*, *170*, 577–587.
- Gilgun, J. F. (1988). Self-centeredness and the adult male perpetrator of child sexual abuse. *Contemporary Family Therapy*, *10*, 216–234. doi:10.1007/BF00891614.
- Hendin, H. M., & Cheek, J. M. (1997). Assessing hypersensitive narcissism: a reexamination of Murray's narcissism scale. *Journal of Research in Personality*, *31*, 588–599. doi:10.1006/jrpe.1997.2204.
- Jones, D. N., & Paulhus, D. L. (2010). Different provocations trigger aggression in narcissists and psychopaths. *Social Psychological and Personality Science*, *1*, 12–18. doi:10.1177/1948550609347591.
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales* (2nd ed., ). Sydney: Psychology Foundation.
- Mammen, O. K., Kolko, D. J., & Pilkonis, P. A. (2002). Negative affect and parental aggression in child physical abuse. *Child Abuse & Neglect*, *26*, 407–424. doi:10.1016/S0145-2134(02)00316-2.
- McElroy, E. M., & Rodriguez, C. M. (2008). Mothers of children with externalizing problems: Cognitive risk factors for abuse potential and discipline style and practices. *Child Abuse & Neglect*, *32*, 774–784. doi:10.1016/j.chiabu.2008.01.002.
- Meier, M. (2005). Exploring narcissism in a group of male batterers. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *64*, 3846.
- Merrill, L. L., Crouch, J. L., Thomsen, C. J., & Guimond, J. M. (2004). Psychosocial correlates of intimate partner violence and child physical abuse risk. *Child Maltreatment*, *9*, 18–29. doi:10.1177/1077559503260852.
- Miller, J. D., Widiger, T. A., & Campbell, W. K. (2010). Narcissistic personality disorder and the DSM-5. *Journal of Abnormal Psychology*, *119*, 640–649. doi:10.1037/a0019529.
- Milner, J. S. (1986). *Child abuse potential inventory: Manual*. Webster: Psytec.
- Milner, J. S. (1994). Assessing physical child abuse risk: the child abuse potential inventory. *Clinical Psychology Review*, *14*, 547–583. doi:10.1016/0272-7358(94)90017-5.
- Milner, J. S. (2000). Social information processing and child physical abuse: Theory and research. In D. J. Hansen (Ed.), Nebraska Symposium on Motivation: Motivation and child maltreatment (Vol.45, pp. 39–84). Lincoln: University of Nebraska Press.
- Milner, J. S. (2003). The Child Abuse Potential (CAP) inventory. In M. J. Hilsenroth & D. L. Seal (Eds.), *Comprehensive handbook of psychological assessment: Vol. 2. Personality assessment and psychopathology* (pp. 237–246). New York: Wiley
- Milner, J. S., & Dopke, C. (1997). Child physical abuse: Review of offender characteristics. In D. A. Wolfe, R. J. McMahon, & R. D. Peters (Eds.), *Child abuse: New directions in prevention and treatment across the lifespan*. (pp. 27–54). Thousand Oaks: Sage Publications.
- Milner, J. S., Gold, R. G., Ayoub, C. A., & Jacewitz, M. M. (1984). Predictive validity of the child abuse potential inventory. *Journal of Consulting and Clinical Psychology*, *52*, 879–884. doi:10.1037/0022-066X.52.5.879.
- Pincus, A. L., & Lukowitsky, M. R. (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology*, *6*, 421–446. doi:10.1146/annurev.clinpsy.121208.131215.
- 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. doi:10.1037/0022-3514.54.5.890.
- Reidy, D. E., Foster, J. D., & Zeichner, A. (2010). Narcissism and unprovoked aggression. *Aggressive Behavior*, *36*, 414–422. doi:10.1002/ab.20356
- Rodriguez, C. M. (2010). Parent-child aggression: association with child abuse potential and parenting styles. *Violence and Victims*, *25*, 728–741. doi:10.1891/0886.6708.25.6.728.
- Ronningstam, E. (2005). Narcissistic personality disorder. In M. Maj, J. E. Mezzich, H. S. Akiskal, & A. Okasha (Eds.), *Personality disorders* (pp. 277–327). New York: Wiley.
- Samuel, B. B., & Widiger, T. A. (2008). Convergence of narcissism measures from the perspective of general personality functioning. *Assessment*, *15*, 364–374. doi:10.1177/1073191108314278.
- Spinetta, J. J., & Rigler, D. (1972). The child-abusing parent: a psychological review. *Psychological Bulletin*, *77*, 296–304. doi:10.1037/h0032419.
- Thompson, R. A. (1995). *Preventing child maltreatment through social support: A critical analysis*. Thousand Oaks: Sage Publications.
- Wiehe, V. R. (2003). Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse & Neglect*, *27*, 541–555. doi:10.1016/S0145-2134(03)00034-6.
- Wink, P. (1991). Two faces of narcissism. *Journal of Personality and Social Psychology*, *61*, 590–597. doi:10.1037/0022-3514.61.