Multiple dimensions of low self-control in the Clientele Study

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According to the general theory of crime, key factors responsible for explaining crime throughout life are behavioral and attitudinal predispositions developed during early childhood (Gottfredson & Hirschi, 1990). Children's behavior and attitudes are, according to the theory, shaped by parental monitoring and discipline. When parents fail to monitor their child or fail to discipline poor behavior, children are likely to develop low self-control.

In early tests of low self-control, six components of low self-control were identified (Grasmick et al., 1993). They were: impulsivity, a preference for simple (non-cognitively taxing) tasks, risk seeking, a preference for physical activity, a lack of empathy or tendency towards selfishness, and aggression. This conceptualization of the scale and these components, in some form or another, have appeared in studies across time using measures of analogous behavior or attitudes (Pratt & Cullen, 2000). Studies of these six components have found support for unidimensional versions of low self-control (where the components measure a single factor) and multidimensional versions of low self-control (where the components measure many factors) (see, e.g., Burt et al., 2014 for a review).

The Clientele study was done in during the 1960s and used multiple reporters. Given the nature of these data, it was important to establish whether there were one or more dimensions of low self-control in the Clientele data. Factor analysis was used to determine whether low self-control was uni- or multidimensional.

The first step in the analysis was locating theorized measures of low self-control. A search was conducted for ordinal measures that were theorized to measure low self-control. Measures of analogous behavior (delinquent behaviors such as drinking and smoking) and self-reported behavioral measures were avoided due to issues with validity and possible tautology (Akers, 1991; Wright et al., 1999). Instead, this analysis sought behavioral measures provided by other reporters as well as attitudinal measures reported by the participants and other reporters. Sixteen potential measures that could be described as tapping into components of low self-control were found. The measures and their theorized mapping onto the components of low self-control are described in Table 1. With the exception of the component "risk seeking", two or more measures were associated with each component.

It was uncertain whether low self-control would emerge as a uni- or multidimensional result from the factor analysis. Thus, an exploratory factor analysis was first performed on

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roughly half of the Clientele study members who had complete information on all measures (N = 101). The results of the analysis indicated that a five-factor solution was the best fit to the data. All eigenvalues of the five factors were greater than 1. The results of the exploratory analysis are shown in Table 2. A few measures (judgement and self-criticism, parent-rated concentration difficulties, and lying/fabulation) loaded onto two or more factors.

Following the exploratory factor analysis, a confirmatory factor analysis was performed on the remaining half of the participants with non-missing values (N = 106). Due to some measures loading on multiple factors, various iterations were tested. These iterations were aimed at maximizing factor loadings while retaining theoretical coherence. The final adjustments indicated that 12 measures represented a multi-dimensional construct of low selfcontrol. The multiple dimensions were captured through five factors: (1) school-based problem behavior, (2) parent-rated problem behavior, (3) hyperactivity/motor activity, (4) antisocial attitude, and (5) immaturity. Interestingly, rather than clustering within our presumed construct, measures tended to cluster by rater. Some evidence indicates that parents and teachers differ in their ratings (Rescorla et al., 2014; Verhulst & Akkerhuis, 1989) and that teacher ratings may be better predictors of childhood problem behavior (Verhulst et al., 1994).

In the full sample, the fit statistics for the 5-factor solution were (common reference value for good fit in parenthesis):

Comparative Fit Index (CFI) = 0.941 (> 0.90)

Tucker-Lewis Index (TLI) = 0.912 (> 0.95)

Root mean square error of approximation (RMSEA) = 0.070 (< 0.08)

 Table 1. Description of theorized dimensions of low self-control and associated measures and their mapping onto factors following

 exploratory and confirmatory factor analysis. Five factors, assessed through 12 measures, were found: school-based problem behavior, parent-rated problem behavior, hyperactivity/motor activity, antisocial attitude, and immaturity.

Components of low self-control	Rater/Source	Brief description	Construct derived from
and theorized measures			factor analysis (factor
			number; standardized factor
			loading)
			N/A = not a measure of a
			factor
Impulsivity			
Maturity	Adolescent	Social maturity – including impulsivity, future	Immaturity (Factor 5;
	Apperception test	outlook, empathy	loading: 0.665)
	(AAT)		
Judgement and self-criticism	Child psychiatrist	Five rating options ranging from good judgment and	Antisocial attitude (Factor 4;
	assessment	self-criticism to poor judgment and lack of concern	loading: 0.703)
		about achievements.	
Preference for simple tasks			
Carelessness (lacking a sense	Teacher survey	Five response options ranging from distinct sense of	School-based problem
of order)		order, almost pedantic to extremely careless.	behavior (Factor 1; loading:
			0.674)

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Attention and concentration	Teacher survey	Five response options ranging from always attentive School-based problem	
difficulties		to the task and never distracted to very inattentive	behavior (Factor 1; loading:
		and easily distracted.	0.656)
Concentration difficulties	Parent	Was boy perceived as suffering from difficulties	N/A
		concentrating on a binary scale (no/yes).	
Risk seeking			
Preference for violence	Child interview	Child's self-rated preference for violent films on a	N/A
		scale from 1 (none) to 5 (strong).	
Preference for physical activity			
Psychomotor activity	Teacher survey	Five response options ranging from extreme	Hyperactivity/motor activity
		passivity, sluggish, sluggish, slow, never running to	(Factor 3; loading: 0.436)
		constant extreme psychomotor activity and	
		restlessness.	
Overactivity	Parent/child	Medical history reported symptom count of the	Parent-rated problem
	interview	following: motor anxiety while growing up,	behavior (Factor 2; loading:
	(anamnesis)	destructiveness, aggression, truancy, idle wandering,	1.014)
		running away, increased emotional mood, excessive	
		self-confidence, and tough attitude.	

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Multi-source	Symptom count of general motor anxiety (from	N/A
	medical history), anxiety during sleep (from medical	
	history), restlessness (from anamnesis) and flutter	
	(from anamnesis).	
d		
Teacher survey	Five response options ranging from never lies to	School-based problem
	compulsive lying.	behavior (Factor 1; loading:
		0.444)
Teacher survey	Five response options ranging from excessive care	School-based problem
	and caution in relation to handled objects to	behavior (Factor 1; loading:
	destroying own and other's things.	0.424)
Child psychiatrist	Five rating options ranging anti-criminal/pro-justice	Antisocial attitude (Factor 4;
assessment	to pro-criminal/little regret reason to regret crime.	loading: 0.396)
AAT	Scale of 1-12, where 1 is excessively more and 12 is	Immaturity (Factor 5;
	amoral and immoral. A combination of scales of	loading: 1.141)
	excessive morality, morality, immorality, and	
	amorality.	
	Teacher survey Teacher survey Child psychiatrist assessment	 history), restlessness (from anamnesis) and flutter (from anamnesis). Teacher survey Five response options ranging from <i>never lies</i> to <i>compulsive lying</i>. Teacher survey Five response options ranging from <i>excessive care and caution in relation to handled objects</i> to <i>destroying own and other's things</i>. Child psychiatrist Five rating options ranging <i>anti-criminal/pro-justice</i> to <i>pro-criminal/little regret reason to regret crime</i>. AAT Scale of 1-12, where 1 is excessively more and 12 is amoral and immoral. A combination of scales of excessive morality, morality, immorality, and

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Indifference	Teacher survey	Five response options ranging from hypersensitive to	N/A
		others to does not care what others think or feel.	
Aggression			
Aggression	Parent/child	Symptom count of the following: aggressive Parent-rated proble	
	interview	behavior, destructive behavior, outbursts of affect,	behavior (Factor 2; loading:
	(anamnesis)	excessive confidence, toughness, unaffected by	0.682)
		wrongdoing.	
Aggression	Teacher survey	Seven response options ranging from almost never	Hyperactivity/motor activity
		any outbursts of anger or despair to reckless	(Factor 3; loading: 0.791)
		outbursts due to everyday situations.	

Measure	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Maturity	0.458				
Judgement and self-	0.309			0.366	0.515
criticism					
Carelessness (lacking a sense of order)	0.796				
Attention and	0.620				
concentration					
difficulties (teacher)					
Concentration		0.452			0.312
difficulties (parent)					
Preference for violence Psychomotor activity					0.527
Overactivity		0.992			
Motor anxiety			0.861		
Lying/fabulation	0.444		0.320		
Destructiveness	0.638				
Pro-criminal attitude				0.999	
Immorality/amorality	0.300				
Indifference					
Aggression (parent)		0.665			
Aggression (teacher)			0.578		

Table 2. Results of exploratory factor analysis. Extraction of five factors.

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