Validation of the Translated Dutch Personality Questionnaire in Papiamento Speaking Prisoners

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Abstract

Background: Personality disorders have a high prevalence among prisoners worldwide. Yet, in prisoners with an Antillean Caribbean background, personality disorder rates are low probably due to a lack of standardized personality tests in the Caribbean language of Papiamento which to render objective diagnoses. This also has a great potential to result in inappropriate treatment and negative interaction. Therefore, in hopes of proving better diagnostics and treatment and fill this absence, the purpose of this article is to describe a study of the effectiveness and relevance of a standard personality disorder diagnostic interview translated into Papiamento.

Methods: The Dutch Personality Questionnaire was translated to Papiamento by two independent experts and retranslated into Dutch by two other independent experts. Prisoners having both parents born in Bonaire, who had been detained for at least 18 days by the Judicial Detention Centre of the Caribbean Netherlands in Bonaire, during the period from January 1, 2013 to July 1, 2014 were examined using this questionnaire.

Results: There were 23 Papiamento speaking prisoners assessed using the translated Dutch Personality Questionnaire during the study period. There was a sufficient internal reliability and a validity of the personality test. Preliminary norms for use of the NPV in Papiamento were also included.

Conclusion: The use of the NPV in Papiamento may lead to more valid results about the rates of personality disorders among Carib prisoners, and well as improved treatment. Future research should include larger numbers of participants.

Keywords Papiamento; Personality; Validation

Introduction

Personality disorders are highly prevalent among prisoners [1-4]. In prisoners with a Caribbean cultural background, personality disorders are less often diagnosed than in other ethnic groups [5-7]. It remains unclear if this reflects an underdiagnosis or a truly lower prevalence [8]. Ethnic minorities living in the Netherlands tend to score less favorably on personality questionnaires compared to native Dutch subjects [9,10]. The differences can be explained by cultural differences, degree of acculturation, level of education, and amount of time spent in the Netherlands [11,12].

Dutch personality questionnaires are usually designed to be used with a Dutch research population; as a result, this leads to ethnocentric theorems. Examples of theorems used in the NPV are, “I think poor countries should be able to manage themselves”, and, “I believe that the best bridge builders are Dutch” [13]. Another objection may be that the norm groups used to interpret the questionnaires consist of Dutch subjects only [10]. According to different studies, personality can be divided in to five factors [14-17]. However, differences in prevalence of personality disorders occur between different population groups, though, it is not clear if the differences are true differences or the consequence of a measurement error [8,18].

A personality questionnaire validated for the Papiamento language is, therefore, needed. Papiamento is the mother language of Caribbeans born in the former Dutch Antilles. This study aims to translate the Dutch Personality Questionnaire, which is often used in forensic settings, and to validate it for Papiamento speaking defendants.

Methods

Participants

All suspects born or raised on the island of Bonaire, with parents born on Bonaire staying between January 1, 2013 and July 1 2014 at the local prison (Justitiële Instelling Caribisch Nederland locatie Bonaire; JICN), were approached to participate after eighteen days of
incarceration. The criteria of “born or raised on Bonaire” was used because many Bonairians were born on the island of Curaçao due to the lack of adequate medical facilities at that time. To prevent influence on court reports and this study, participation was ended if the participant was to be the subject of a psychological or psychiatric court report. 191 possible participants were screened; 57 participants met the origin criteria and stayed at least 18 days in the JJCN. 24 participants were included in this study. 28 participants became participants of a psychological or psychiatric court report and were eliminated from the study, two participants were released from the prison, one participant was transported to a prison on another island, and two did not want to participate anymore.

The Dutch Personality Questionnaire (Nederlandse Persoonlijkheidsvragenlijst; NPV)

The NPV is the most-used self-report questionnaire to assess personality traits of adolescents and adults [20]. The questionnaire measures neuroticism and emotional stability (NES), social anxiety (SA), rigidity (RG), offenedness (OF), egoism (EG), dominance (DO) and self-respect (SR). The NPV consists of 133 items. All items are scored on a 3 point Likert scale: correct=2 points, ? (question mark)=1 point, and incorrect=0 points. The NPV was first published in 1985 and was revised in 2000, being compared to the Big-Five model [21].

The NPV and the instructions of administration of the NPV were translated in to the Papiamento language, conforming to the Beaton guideline, to ensure the translation would be conceptually and linguistically, comparable to the Dutch version. The publisher of the NPV, Pearson Assessment, gave written permission to translate and validate the questionnaire. A bilingual psychologist and a bilingual non-psychologist translated the NPV independently from one another. Subsequently, an amended version was determined and back translated to Dutch by another bilingual psychologist and bilingual non-psychologist. All translators spoke Dutch and Papiamento as their native languages. To increase the readability of the NPV, some words used in the NPV were spelled differently than recommended by the official orthography. A final version was determined by all four translators.

Barkley Functional Impairment Scale (BFIS)

The participants’ functioning in daily life prior to being detained was assessed with the BFIS. De BFIS assesses functioning in daily life based on 15 major life activities like, for example “the person’s home life with his/her immediate family”, “in completing chores at home”, and, “managing his/her household, in his/her work or occupation”, “in his/her relationships with friends”, “in any educational activities”, and “in caring for him-/herself daily”. A higher score on a scale or the BFIS means a higher level of functional impairment. The BFIS consists of a short and long self-report version (6 and 15 items), a long and short self-report version (6 and 15 items) and a BFIS impairment interview. In this study, the BFIS was administered by the researcher based on an interview with the participant. The BFIS is pre-eminently appropriate for assessing adolescents and the forensic population.

Translation of the BFIS has been the subject of an earlier study regarding the assessment of intelligence among Papiamento-speaking offenders. The same translation method used in the study of Van de Vorst and colleagues was used for the NPV.

Statistical analysis

To measure the internal consistency of the NPV subscales, Cronbach’s alpha was calculated and compared with the values of the first manual (1990) and the reviewed manual (2000) of the NPV. One-sample t-tests were conducted to compare the NPV mean in the manual with the mean of the NPV translated into Papiamento A T-test for independent samples was conducted to compare the results on the NPV depending on having a permanent resident or not, being single or cohabiting, level of education, recidivism, and substance abuse. An analysis of variance was done to determine if work influences the result of the NPV.

Pearson’s product-moment correlation coefficient was calculated to determine how the different subscales from the NPV relate to the different domains of general functioning, measured with the BFIS. T-tests for independent samples were used to determine the difference in outcome between participants who are functional-impaired and not functional-impaired in different life domains. Finally, normative scores for the Bonaire prison population were calculated in the same way as done in the manual of the NPV.

Results

The research population has a mean age of 28.7 (SD=11.6), 20 participants have a permanent resident. The majority finished primary school, is single, and no participants are married. Twelve of the 24 participants are first offenders, while the other half experienced two or more detentions. Fourteen out of 24 participants are dependent of substances like alcohol, marihuana, or cocaine. Four participants use alcohol only and 7 use marihuana only. One participant uses a combination of alcohol and marihuana, one participant uses a combination of marihuana and cocaine, and one uses a combination of alcohol, marihuana, and cocaine. Eleven participants had been unemployed before being incarcerated, 5 had a permanent job, and 8 had project-based work without being employed; in the local language, this is referred to as ‘kue job’ (getting work). The socio-demographic characteristics are summarized in table 1.

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>5(20.8)</td>
</tr>
<tr>
<td>21-30</td>
<td>13 (54.2)</td>
</tr>
<tr>
<td>31+</td>
<td>6(25)</td>
</tr>
<tr>
<td>Permanent resident</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20 (83.3)</td>
</tr>
<tr>
<td>No</td>
<td>4(16.7)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>21 (87.5)</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>3(12.5)</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1(4.2)</td>
</tr>
<tr>
<td>Primary school</td>
<td>15 (62.5)</td>
</tr>
<tr>
<td>Secondary school</td>
<td>4(16.7)</td>
</tr>
</tbody>
</table>
A one-sample t-test is conducted to compare the means of the subtest of the original NPV manual (M=13.93, SD=9.53; t (2.18)=1.62), egoism (M=16.36, SD=3.73; t (3.23)=1.62), rigidity (M=35.05, SD=5.52; t (2.18)=1.62), and dominance (M=12.71, SD=5.18; t (-2.92)=1.62) are significantly higher than the means in the original NPV manual. Nine independent-samples t-test were conducted to compare the NPV scores for: having a permanent resident (M=19.06, SD=7.35; t (2.18)=1.62), rigidity (M=35.05, SD=5.52; t (8.56)=1.62), egoism (M=16.36, SD=3.73; t (3.23)=1.62) and dominance (M=12.71, SD=5.18; t (-2.92)=1.62) are significantly higher than the means in the original NPV manual.

Nine independent-samples t-test were conducted to compare the NPV scores for: having a permanent resident or not, being single or cohabiting, having a primary school or no education versus higher and whether the participants uses substances or not. These factors did not seem to have an influence on the outcome of the NPV (p>0.05 with α=0.05). A one-way between-groups analysis of variance was conducted to explore the impact of employment on the outcome of the NPV. The participants we divided into three groups: Jobs, Permanent job, and Unemployed. There was no statistically significant difference at the p<0.05 level in the NPV scores between the three groups.

The relationship between the individual BFIS items and the Papiamento NPV subscales was investigated using the Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violations of the assumptions of normality, linearity, and homoscedasticity. The BFIS items were split into: a group of participants with no to mild functional impairment on a life domain (item score < 6) and a group of moderate to severe functional impairment on a life domain (item score > 5). For the functional impaired group, the correlations between the NPV subscales and the BFIS items 4, 5, 6, 10, 11, 13, 14 and 15 were not calculated because of violations on one or more of the assumptions on all seven results. BFIS items 2, 3, 14, and 15, for the not functional impaired group.
were omitted for the same reason. The medium and large correlations of the remaining items are shown in table 4. Participants being severely impaired in the life domain of functioning in home life with immediate family (BFIS item 1) reported high levels of social anxiety \((r=0.48, n=12, p=0.12)\), rigidity \((r=0.36, n=12, p=0.25)\), and offenedness \((r=0.45, n=12, p=0.15)\). High levels of social anxiety \((r=0.37, n=5, p=0.54)\), rigidity \((r=0.35, n=5, p=0.57)\) and offenedness \((r=0.41, n=5, p=0.50)\) were also found for participants not being able to complete chores (BFIS item 2). Low levels of dominance \((r=-0.55, n=5, p=0.34)\) and self-respect \((r=-0.73, n=5, p=0.16)\) related to problems in completing chores were found. Participants having problems related to work or their occupation (BFIS item 3) reported a high level of egoism \((r=0.44, n=6, p=0.38)\) and low levels of neuroticism and emotional instability \((r=-0.66, n=6, p=0.15)\). Participants with educational problems (BFIS item 7) reported high levels of neuroticism and emotional instability \((r=0.88, n=5, p=0.50)\), social anxiety \((r=0.88, n=5, p=0.50)\), rigidity \((r=-0.34, n=5, p=0.58)\) and offenedness \((r=0.93, n=5, p=0.02)\), and low levels of dominance \((r=-0.74, n=5, p=0.16)\) and self-respect \((r=-0.98, n=5, p=0.01)\). Participants having problems taking care of their children (BFIS item 8) reported low levels of neuroticism and social instability \((r=-0.56, n=9, p=0.12)\) and social anxiety \((r=-0.36, n=9, p=0.34)\). Participants being severely impaired in managing their money (BFIS item 9) also reported high levels of rigidity \((r=0.67, n=8, p=0.07)\), dominance \((r=0.68, n=8, p=0.07)\), and self-respect \((r=0.42, n=8, p=0.30)\). Participants not being able to manage their daily responsibilities (BFIS item 12) reported low levels of neuroticism and social instability \((r=-0.48, n=6, p=0.33)\) and social anxiety \((r=-0.37, n=6, p=0.47)\), but reported a high level of egoism \((r=0.66, n=6, p=0.15)\). 29 independent-samples t-test were conducted to compare the NPV scores for functional impaired and not functional impaired participants. The t-tests where the BFIS items 6 (community activities), 10 (driving a motor vehicle), and 13 (caring for yourself daily) were used as factor were omitted from the results because the items could not be split into two groups, on these items. All participants scored below 6 or higher than 5. One t-test was significantly different in NPV scores for functional impaired and not functional impaired participants. Participants having problems functioning in their home life with immediate family (BFIS item 1; \(M=15.90, SD =5.57)\) reported higher levels of social anxiety than participants with less problems functioning in that life domain \((M=10.14, SD=7.77; t (-1.38)=1.62, p=0.18)\).

### Table 4: Correlations between the translated NPV subscales and BFIS* items (functional and functional impaired subjects)

<table>
<thead>
<tr>
<th>Item number and description</th>
<th>n</th>
<th>NES</th>
<th>SA</th>
<th>RG</th>
<th>OF</th>
<th>EG</th>
<th>DO</th>
<th>SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to severe impairment on life activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Immediate family</td>
<td>12</td>
<td>0.48 (0.12)</td>
<td>0.36 (0.25)</td>
<td>0.45 (0.15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Getting chores completed</td>
<td>5</td>
<td>0.37 (0.54)</td>
<td>0.35 (0.57)</td>
<td>0.41 (0.50)</td>
<td>-0.55 (0.34)</td>
<td>-0.73 (0.16)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Work or occupation</td>
<td>6</td>
<td>-0.66 (0.15)</td>
<td></td>
<td></td>
<td>0.44 (0.38)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Education</td>
<td>5</td>
<td>0.88 (0.50)</td>
<td>0.88† (0.50)</td>
<td>-0.34 (0.58)</td>
<td>0.93† (0.02)</td>
<td>-0.74 (0.16)</td>
<td>-0.98† (0.01)</td>
</tr>
<tr>
<td>8</td>
<td>Taking care of children</td>
<td>9</td>
<td>-0.56 (0.12)</td>
<td>-0.36 (0.34)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Management of money</td>
<td>8</td>
<td>0.67 (0.07)</td>
<td></td>
<td>0.68 (0.07)</td>
<td>0.42 (0.30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Management of daily</td>
<td>6</td>
<td>-0.48 (0.33)</td>
<td>-0.37 (0.47)</td>
<td></td>
<td>0.66 (0.15)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NES = neuroticism and emotional stability; SA = social anxiety; RG = rigidity; OF = offendedness; EG = egoism; DO = dominance; SR = self-respect

†Significant with \(\alpha < .05\)

*BFIS = Barkley Functional Impairment Scale
Table 5: Normative scores for the translated NPV

<table>
<thead>
<tr>
<th>Score range</th>
<th>Mean</th>
<th>St. Deviation</th>
<th>SEM*</th>
<th>SEE†</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-24</td>
<td>13.9</td>
<td>13</td>
<td>35</td>
<td>21</td>
<td>25-48</td>
</tr>
<tr>
<td>Sep-2</td>
<td>16.4</td>
<td>7.3</td>
<td>5.5</td>
<td>7.3</td>
<td>25-48</td>
</tr>
<tr>
<td>Jul-35</td>
<td>14.1</td>
<td>3.7</td>
<td>3.4</td>
<td>3.7</td>
<td>25-48</td>
</tr>
<tr>
<td>Sep-3</td>
<td>12.7</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
<td>13</td>
</tr>
<tr>
<td>Feb-22</td>
<td>19.1</td>
<td>4.6</td>
<td>4.6</td>
<td>3.7</td>
<td>24</td>
</tr>
<tr>
<td>Nov-36</td>
<td>27.1</td>
<td>3.8</td>
<td>3.8</td>
<td>4.1</td>
<td>24</td>
</tr>
</tbody>
</table>

Below average: 05-Oct 06-Sep 30 16-17 11-Dec 08-Sep 23
Low: 02-Apr 0-5 27-29 Aug-1 5 10-Nov 03-Jul 19-22
Very low: 0-1 - 0-26 0-7 0-9 0-2 0-18

**Discussion**

Papiamento is a mainly spoken language, which makes assessment in written Papiamento challenging. The aim of this study is to translate and validate the NPV and create possibility to assess the Papiamento speaking. This article is the first step to achieve this goal. Despite challenges concerning language, the results of this study show promising results. Due to the small group of participants, the results need to be interpreted with caution.

The participants studied in this group are quite homogenous. Most participants are single men with a mean age of 29 years, having little education without a permanent job. All are defendants in the prison of Bonaire and half of the participants use one or more controlled substances. This might explain the fact that the t-tests and the variance analysis on socio-demographic factors showed little difference in the outcome of the NPV.

A dimensional approach to personality disorder is considered superior to a categorical approach [22]. Looking at the characteristics of this population and the DSM 5 [23], antisocial, paranoid, borderline and avoidant personality traits are to be expected [3, 24]. Personalities traits in the NPV are reflected by different score combinations on the subscales. High scores on self-respect and dominance, average to above average scores on egoism, offensiveness, average scores on rigidity and low scores on social anxiety, neuroticism and emotional stability characterize a flawless self-presentation, matching with narcissistic personality traits [25]. Additionally, an intellectual impairment is often seen as compensation for the lack of appropriate coping skills [25]. High scores on social anxiety, neuroticism and emotional stability, average to above average scores on rigidity, offensiveness, and egoism, and low scores on dominance and self-respect represent a neurotic personality, often seen in a borderline personality profile. Tables 3 and 4 give glimpses of the above-mentioned patterns. The means of the subscales in table 3, which are significantly higher than the manual, are the ones expected to be high for this population. Moreover, the life challenges concerning language, the results of this study show correlating with social dysfunctional patterns of the NPV subscales in the impaired population. The Papiamento norm scores per scale (table 5), compared with the Dutch norm scores for every scale (table 5), follow a steeper curve from ‘very low’ to ‘very high’, except for social anxiety, dominance and self-respect. Although the two norm groups represent different populations in terms of ethnicity, it is to be expected that a prison population reports more personality problems than a general population. The fact that the dominance curve is lower than the curve in the manual and the fact that the mean for dominance is significant lower than the mean in the manual is surprising considering the assumed presence of machismo among Papiamento speaking men [26].

Although the readability improved with some words differently than the official orthography, some items still seemed difficult to read for the participants. Participants would read sentences out loud to understand the words. Papiamento is spelled phonologically, as are words used in the Papiamento originating from another language. For example, the English word ‘computer’ is spelled as ‘komputer’. As stated earlier, Papiamento is a mainly spoken language. Also, on the island of Curacao, most of the population speaks English, Spanish, and Dutch in addition to Papiamento. It might be possible that one is more familiar with the English spelling than the Papiamento spelling. To reduce the influence of Papiamento reading skills, adding audio to present the NPV items should be investigated. Recording the items or the use of a text-to-speech application are possibilities.

**Conclusion**

Although a small number of participants could be included for this study, the scores on the NPV in Papiamento represent the characteristics of the population. There was a sufficient internal reliability and a validity of the personality test. Preliminary norms for use of the NPV in Papiamento are also included. The use of NPV in Papiamento may lead to more valid results about personality of Future research should include a larger number of participants.

**References**


