Vignette development and administration

A framework for vignette development and administration in sensitive issues research: A place for 'paper people'

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This paper is a discussion regarding vignette development and administration as a means of protecting research participants in social research. Health and social care researchers investigate a plethora of issues that may be sensitive or upsetting, for example, abuse or bereavement. This exposes participants to potential emotional harm caused by revisiting the original trauma. Using research methods that offer a protective layer is important. Evidence suggests that vignettes (paper people) provide protection for research participants by placing distance between their experience and that of the vignette character. However, there are few methodological papers regarding vignette use. Utilising examples from our own research we engage in a critical discussion regarding vignette development and administration. The paper offers a new framework to support researchers – particularly those in health and social care – in the development and administration of vignettes. We contend that the framework supports best practice in vignette use, particularly when researching sensitive issues.

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Introduction

Protection of research participants is the bedrock of all well-conducted research. The ethical principles laid out in the Declaration of Helsinki (World Medical Association, 2008) provide the foundation of such protection and although addressed primarily at physicians, all research that involves human participants should adopt the principles. The Declaration, along with other ethical guidance, emphasises the particular vulnerability of certain research participants such as children, people who lack capacity to consent, or those in a dependent relationship to the researcher (Social Research Association, 2003). Emphasis on protection is also necessary when researching sensitive issues or marginalised perspectives (Serrant-Green, 2010). Health and social care researchers investigate a plethora of potentially sensitive issues such as abuse, sexuality, disease or bereavement. This exposes participants to the risk of emotional harm caused by revisiting the original trauma during the collection of data.

A great deal of our own research involves research participants who have experienced child abuse or neglect and domestic abuse. Thus, as we have observed previously (add author reference), triple vulnerability exists because they: (1) are research participants; (2) have been subject to assault or abuse; and (3) are a group without voice (children or abused women). In common with other clinical topics, a considerable degree of sensitivity is required in the conduct of our research to protect participants from harm. As we will argue, in terms of methods, vignettes have the potential to minimise such harm.

We present a methodological discussion regarding vignette use as a means of protecting research participants. We will argue that because vignettes create distance between researcher and participant they can help assist in disclosing sensitive issues which facilitates investigation of potentially upsetting, embarrassing or morally-charged issues. Drawing on

our experience of engaging in research with potentially vulnerable participants, we show how the use of vignettes as a research method may add to their protection. We provide detailed exposition of the procedural and pragmatic issues that need to be considered when using vignettes. Aspects such as data sources for vignette construction, possible vignette formats, level of authenticity and vignette/participant congruence as well as appropriate forms of data collection, vignette presentation and response perspectives will be considered in our discussion. In many respects, this paper can be seen as an augmentation to the theoretical framework for researching sensitive issues or marginalised perspectives in health, developed by Serrant-Green (2010). Our emphasis however, is on the methodological processes aligned to one research method: that of vignettes. It adds to the current body of literature on vignette use by providing a decision making framework for researchers.

Background

A vignette is a short, descriptive literary sketch (Richman & Mercer, 2002) or scenario/story (Renold, 2002). Participants are typically asked to respond to descriptions of a person or situation that are based on fact or fiction (Paddam, Barnes, & Langdon, 2010). Vignettes as a research method have gained currency in many disciplines over the past 50 years. They are now widely used in disciplines such as education (Barnatt, Shakman, Enterline, Cochran-Smith, & Ludlow, 2007; Chau, Chang, Lee, Ip, Lee, & Wootton, 2001), occupational therapy (Gliner, Haber, & Weise, 1999), psychology (Hawkins & McCallum, 2001), social work (Forrester, McCambridge, Waissbein, & Rollnick, 2008; Killick & Taylor, 2011; Steckley, 2011; Stokes & Schmidt, 2011) and nursing (Feng & Wu, 2005; Ko & Koh, 2007; Taylor, Lauder, Moy, & Corlett, 2009).

For a little over a decade, repeated observations have been made by researchers regarding the paucity of papers on vignette methodology (Barter & Renold, 1999; Hughes & Huby, 2004; Renold, 2002). Paradoxically, it seems that despite the increasing popularity of vignettes, there is a dearth of methodological papers to support their use in research. Exceptions are papers by Richman and Mercer (2002), Hughes and Huby (2002, 2004) and more recently, Paddam and colleagues (2010). While offering valuable guidance, these papers focus on generic methodological issues, rather than focusing specifically on sensitive issues. In the light of Brondani and colleagues (Brondani, MacEntee, Bryant, & O'Neill, 2008) who suggest for further research examining the use of vignettes with younger populations as well as with older adults in sensitive health-related issues this paper seeks to address this gap in current knowledge.

Using examples from our own social research on child maltreatment and domestic abuse, we engage in a critical discussion regarding the development and administration of vignettes in sensitive issues research. We are inspired by the notion of 'paper people' as described by Zedeck and Cascio (1984), Murphy, Herr, Lockhart and Maguire (1986) and Kinicki, Hom, Trost and Wade (1995). In this paper we use paper people as a metaphor for research methods that use simulated, hypothetical stimuli to capture descriptions of people in written form. 'Paper people' and 'vignette' are used interchangeably; they are the same thing. It is noteworthy that some researchers appear to use these terms in different ways depending on the audience. For example, Hawkins and McCullum (2001) refer to 'vignette' throughout their published paper (for an academic audience), but in their questionnaire (for research participants) 'scenario' is used. Overall, we intend that irrespective of the specific term that we adopt, this be interpreted broadly to encompass vignettes in different media, such as computer-based, videotaped and music; not exclusively those in written form. Perhaps paper

people are not dissimilar to the use of anatomical dolls with children where there is suspicion of sexual abuse. Children may re-enact or disclose difficult experiences by their play with toys and dolls (Faller, 2005). This can facilitate safe disclosure for children, removing them emotionally and psychologically from an event that happened to them. We emphasise how vignettes can be used to desensitise potentially sensitive research topics and thereby protect research participants emotionally. The overall aim of the paper is to assist researchers in the development and administration of vignettes, particularly when researching sensitive issues.

Vignettes are not limited by geographical borders and have been used to investigate the issue of child abuse in countries such as the USA (Webster, O'Toole, O'Toole, & Lucal, 2005), Australia (Hawkins & McCullum, 2001), Korea (Ko & Koh, 2007) and Taiwan (Feng & Wu, 2005). Torres (2009) has pointed to the particular strength of vignettes when working cross-culturally because they allow researchers to take advantage of the 'peculiarities' of different cultures. An example is Bailey's (2008) study on HIV/AIDS among migrant and mobile men in Goa, India. That study not only illustrates the use of vignettes in cross-cultural research, but also their benefits in researching sensitive issues. Overall, because vignettes are capable of transcending national and cultural boundaries and because we have drawn on international literature to inform the discussion, this paper is likely to hold relevance for an international readership.

Discussion

Numerous options exist regarding the employment of vignettes. They can be used: in cross cultural research (Hughes & Huby, 2004; Bailey, 2008), to enhance existing data or generate new data (Barter & Renold, 2000), alone or combined with other methods (Richman & Mercer, 2002). Researchers from a range of disciplines have highlighted a number of

different applications of vignettes for research purposes. For example, paper people are a useful tool in identifying participants' knowledge, attitudes and opinions (Paddam et al., 2010; Schoenberg & Ravdal, 2000; Wilson & While, 1998).

Vignettes can also be employed when it comes to exploring moral codes (Barter & Renold, 2000) or in understanding peoples' beliefs, perceptions, values and dispositions (Barnatt et al., 2007; Finch, 1987). They can be a useful tool to explain complex processes because of their ability to focus on specific elements of a difficult situation. They also have potential to cut through multifaceted issues that would otherwise require lengthy interviewing or questionnaire completion (Richman & Mercer, 2002). Additionally, vignettes create distance between researcher and participant (Barter & Renold, 2000; Hughes & Huby, 2002; Schoenberg & Ravdal, 2000). Typically, participants are requested to respond in the third person to the vignette, rather than drawing on their own experiences thereby desensitising the subject matter. Participants who do not want to discuss their personal experiences can respond to those of 'others' (Renold, 2002). This facilitates investigation of potentially upsetting, embarrassing or morally-charged (sensitive) issues. However, as we will discuss, there are several specific developmental and methodological considerations that require attention to augment the protective capacity of vignettes. But first, in order to aid contextualisation, we provide an overview of two studies, the 'parenting study' and the 'abuse study', where we utilised different kinds of vignettes.

Vignette examples from our own research

The 'parenting study' (add author reference) was a factorial survey that elicited health visitors' understandings of threshold levels of child well-being and the points at which child protection interventions may need to be made. We used a number of pre-agreed categories

such as age or gender of child, single parent or not, age of parents, type of housing as well as parenting behaviours including letting a child stay up late watching television in their room or giving sweet fizzy drinks. A computer programme generated random scenarios using the different elements. Two thousand vignettes were sent in hard copy to 200 health visitors – ten vignettes per participant. The vignettes were then rated by health visitors on a ten point visual analogue scale and returned anonymously.

The qualitative 'abuse study' (add author reference) explored health care professionals' beliefs about domestic abuse and their responses to disclosure. We used critical incident technique interviews with healthcare professionals to collect incidents regarding how they had dealt with domestic abuse disclosure. From these interviews we constructed a number of written vignettes. These were used as the basis for discussion in focus groups with women who had experienced domestic abuse. The vignettes were read to the women, akin to a narrative and they were invited to respond to the vignette.

We use these two studies as exemplars because they operated within different ontological positions and used different methodologies and methods (Table 1). So between them, they capture a breadth of vignette use. Arising from the experiences of using vignettes in these studies and the existing literature, we offer a framework that can guide researchers in the conduct of sensitive issues research using vignettes. These are framed around seven methodological considerations (Table 2).

Insert Tables 1 & 2 about here please

Vignette development

There is a wealth of factors that determine how vignettes are to be constructed. These will be determined largely by the specific study aims (Renold, 2002; Richman & Mercer, 2002). However, there are some key principles that transcend the idiosyncrasies of different projects. As indicated in Table 2, vignette development can take place in light of four considerations: data sources, vignette format, capturing reality and vignette/participant congruence.

Vignettes can be constructed from a number of sources (consideration #1). Ulrich and Ratcliffe (2008) suggest that these include previous research findings, literature reviews or real life experiences. Vignettes have been developed using young people's accounts of real experiences from earlier pilot interviews or data from previous research (Barter & Renold, 2000). Likewise, Bailey (2008) introduced vignettes in focus group discussions with migrant and mobile men, derived from earlier in-depth interviews with men in similar situations. Similarly, in our abuse study, we used real-life experiences of participants from one phase of a study and turned these into vignettes for a subsequent phase. In the parenting study, we tested a range of usual health visiting scenarios in a focus group - and then used expert advisors to suggest a range of critical factors that could be generated randomly within the vignette (for example, age and socioeconomic status). These vignette scenarios depicted a range of parenting situations on which health visitors could then make a judgement about 'good enough' parenting.

Spalding and Phillips (2007) propose three bases for vignette development: (1) 'Snapshots' of something the researcher had seen; (2) 'Portraits' used to represent participants' character and experience; (3) 'Composites' drawing on a wide range of examples from different sources. Snapshots are a good way of providing stimulus for

discussion and reflection. Direct quotes were used in portraits by Spalding and Phillips (2007); they argued that this increases trustworthiness. Because the portrait method is less concerned with the researcher's observations and more about what has been said, portraits also have the benefit of giving voice to participants. This is a viewpoint that we support. In our own research with women who had experienced domestic abuse, we presented women with data excerpts from an earlier phase of the study. This required careful management in terms of protecting the identity of the original informant and the particular challenges associated with this are highlighted under considerations #3 and #5. However, we argue that overall it had the benefit of retaining their voice and in so doing, ensured faithfulness and authenticity regarding original meaning.

Composite vignettes are contrived and based on a wide range of examples from different sources. They are what Spalding and Phillips (2007) term an 'eclectic mix'. Theoretically it could be argued that such eclecticism risks bastardisation of original meaning. However, our experience is that combining sources in this way can help protect original informants. In the abuse study, for example, we used composites of two or three transcripts and merged them to form one vignette. Our argument is that if undertaken carefully, this crafting retains authenticity (by remaining true to informants' original words), yet changes the details of the vignette sufficiently to protect anonymity. In contrast, the vignettes used in the parenting study were entirely contrived; their content was based on the information provided by the health visitor informants. Authenticity came from reflections of real life scenarios common to health visitors and recognised across their profession. Anonymity was assured because whilst broadly composite, none were based on actual clients or experiences. Although the issues discussed here are important for any research, most research regarding sensitive issues involves participants from marginalised, often quite

specific, homogeneous populations. Arguably this increases risk of identification among participants and hence, the need for additional caution.

In vignette development there are some important issues to consider regarding format (consideration #2). Appropriate format will depend on the specific scope of individual studies. For example, vignettes can be presented as (1) narrative story, (2) computer-based or music videos, or (3) comic book style; flip book (Spalding & Phillips, 2007). Other methods are posters (Brondani et al., 2008), response cards and games (Barter & Renold, 2000) and filmed material (Chau et al., 2001).

Individual study design will be a determinant of vignette length. However, although these can range from short written prompts to longer stories, the defining feature of a vignette is that it is short (Paddam et al., 2010; Renold, 2002; Richman & Mercer, 2002,). Particular consideration needs to be given to vignette length when working with certain groups (Torres, 2009). As a guide, 200-300 words are ideal for adolescents whereas younger children respond well to just over 150 words (Barter & Renold, 2000). Where people have learning difficulties, vignettes should be shortened yet further to single words and short sentences (Hughes & Huby, 2002). As indicated in Table 3, we chose short vignettes (approximately 150 words) in the abuse study that were selected for the richness of content. They were intended to be stimulus material to prompt discussion. Brevity maximised the chances of holding participants' attention during the presentation of the vignette (that were read to them by the researcher in a focus group setting). Although brief, our vignettes are by no means the shortest. Webster and colleagues (2005, p.1286) provide an example vignette of just over thirty words: '*The mother hit her 12-year-old son in the face using the fist. Mother is White, works as a dishwasher, and is known to be belligerent. Child appears to be difficult to*

communicate with'. Their scenario differs in style and length to those shown in Table 3 and illustrates how vignette length is determined largely by individual research design.

Insert Table 3 about here please

A frequent criticism regarding the use of vignettes is the unresolved debate surrounding the relationship between belief and action (Hughes & Huby, 2004). This raises the important issue of how to capture reality in vignette development (consideration #3). Several authors have indicated that there might be a difference between what people believe they would do in a given situation and how they actually behave (Barter & Renold, 2000; Gliner et al., 1999; Paddam et al., 2010; Renold, 2002). This could indeed be viewed as a limitation of vignettes. However, Finch (1987) suggests that it may be unnecessary to be concerned about the inconsistency between beliefs and actions as it is perfectly possible to agree in principle to a general norm, but under certain circumstances or for particular reasons these may not be relevant. According to Spalding and Phillips (2007), vignettes declare themselves as fiction and do not seek to simulate reality. The fact that vignettes can be de-contextualised from real responses (Hughes & Huby, 2004; Schoenberg & Ravdal, 2000) makes them a useful tool in exploring sensitive or difficult issues. They represent an unobtrusive measure that allows asking concrete questions without having to reveal personal experiences (Paddam et al., 2010).

Schoenberg and Ravdal (2000) describe vignettes as being 'hypothetical scenarios'. However, the extent to which they are truly hypothetical depends on their construction and in fact, they can be 'real', fictional, or a blend of both (Richman & Mercer, 2002). Nonetheless, care needs to be taken when constructing vignettes that are based solely on fiction. Bunting,

11

Lazenbatt and Wallace (2010) suggest that hypothetical vignettes are limited in their ability to capture real-life dynamics of decision-making processes. Similarly, Hughes and Huby (2004) caution that if situations appear more hypothetical than real, responses may be answered in a similarly hypothetical fashion. The argument is that the more hypothetical the vignette, the less likely the actions will correspond to actual behaviour.

In the abuse study we were concerned that the women participants would 'see through' a contrived scenario. So, acknowledging the limitations of hypothetically constructed vignettes, we opted for vignette development based on original accounts. As explored in consideration #1, this aligns with decisions made by other researchers, who advocate the use of vignettes based on original accounts (Bailey, 2008). However, like Bailey, we were mindful of the extreme care that needs to be exercised when adopting this approach in protecting original participants' confidentiality and anonymity. For this reason, in the abuse study we changed any names of *actual* people who featured in the original accounts during the construction of our paper people scenarios.

When developing vignettes, researchers need to consider carefully the nature of participants and align the vignette accordingly. As detailed under consideration #4, there are a number of decisions to be made to ensure such congruence, for example, complexity versus simplicity, ambiguity versus clarity, colloquial versus formal language.

Participants in vignette research are presented with material that requires their comment. Therefore, vignettes need to be readily understood and not too complex (Barter & Renold, 1999; Paddam et al., 2010). In the parenting study we tried to keep the scenarios simple. Although the health visitor participants acknowledged their familiarity with each

scenario, they often struggled to rate these and requested more detailed information on which to base their decisions. Judgements made about vignette complexity will be determined by the type of respondent. For example, when used with children they need to be relatively simple as frequent shifts in storyline are confusing and difficult to remember (Barter & Renold, 2000). Similarly, complexity needs to be kept to a minimum when using vignettes with people with learning difficulties, otherwise there is risk of 'information overload' (Hughes & Huby, 2002). When making methodological choices it may be helpful to bear in mind that paper vignettes impose lower cognitive demands than video vignettes (Hughes & Huby, 2004; Kinicki et al., 1995). On the other hand, video recorded vignettes are richer in information and can be easier for participants to grasp (Paddam et al., 2010). All this requires thoughtful methodological choices regarding mode of vignette delivery.

We were unsure of the levels of literacy among the women participants in our abuse study. For this reason we chose to read the selected vignettes rather than providing them in written format. We also found that women listened intently to the short 'stories'. These orally presented vignettes appeared to capture the attention of the participants. Alternatively, the factorial survey vignettes were posted out to participants in batches for scoring. They were going to professionals who would be familiar with both the scenarios and with report filling. Careful balancing is also required in relation to the language employed in vignette development. Vignettes need to have enough contextual information to allow participants to understand the situation but vague enough for participants to provide additional comment (Barter & Renold, 1999; Paddam et al., 2010). While some have argued that 'fuzziness is strength' and ambiguity productive (Barter & Renold, 2000, p. 310), it is nevertheless important that vignettes are understandable (Paddam et al., 2010). In the parenting study, health visitors understood the vignettes, but many found the rating system complicated and as

a result, we did not receive as many fully completed vignettes as we had planned. In retrospect, our careful construction of the scenario was undermined by a complex scoring system that could have been simplified and better explained.

How vignettes are phrased is an important consideration (Barter & Renold, 2000). The language used in vignettes must match what can be expected of informants' literary skills and backgrounds such as age, gender, education and social class (Torres, 2009). As discussed, Bailey (2008) changed personal names contained within vignettes derived from original accounts to protect the anonymity of original informants. But in the selection of pseudonyms, care was taken to ensure cultural relevance; not all Indian names are used in Goa. Likewise, in the abuse study, we were careful not to introduce a pseudonym that would compromise the authenticity of the vignette, such as introducing a name not typically associated with the particular ethnic, cultural and social contexts of the participants. Hughes (1998) refers to the use of terms such as 'smack' or 'junk' among drug users to mean heroin. These terms may have lost their currency, but they serve to illustrate different communities' use of language that needs to be reflected in vignette construction. However, Hughes cautions the need for care when using informal language because it can cause offence if used insensitively.

We found the need to strike a balance in this regard. We did not want to edit out the original words used by the health professionals in the abuse study because this jeopardised authenticity. It also risked the introduction of incongruent language into the scenarios. Instead, we only chose vignettes that contained appropriate language. In the parenting study, the vignettes focused only on behaviours rather than dialogue. Further, the behaviours were simple and were presented to the same professional group which created little difficulty with

14

regard to language. However, presenting the same scenarios to another disciplinary group may have posed a challenge. Different disciplines have quite distinct languages – even when we use the same words, they often mean something quite different. The steering group on the parenting study was useful in this regard. Terminology common in England is not necessarily common in Scotland and some phrases and explanations are entirely different even within the same professional group. Thus, for the sake of consistency and rigour, it is this kind of issue that needs to be considered in vignette development.

Vignette Administration

Administration of vignettes is guided by the uniqueness of individual research design and specific attention needs to be given to data collection, presentation of vignettes, and how to obtain responses (Table 2). The fifth consideration according to our framework, relates to data collection. Vignettes can be used to elicit the views of participants either individually or in a group context. In terms of the latter, vignettes can act as a stimulus for group discussions (Brondani et al., 2008; Hughes & Huby, 2002). Specifically, they offer opportunity to compare different groups' interpretations of the same situation (Renold, 2002). Also, in terms of voice, vignettes can allow quieter members of a focus group to express an opinion (Barter & Renold, 1999). Brondani and colleagues' (2008) use of vignettes in group discussions to explore sensitive topics is of particular relevance. They found that vignettes reduced participants' feeling personally exposed. Participants shared intimate, difficult concerns and agreed/disagreed with each other. The vignettes promoted rich discussion, created dynamism and scope for discussion. These experiences were echoed in our abuse study, where we found that participants engaged in lively discussion both in agreement and disagreement. Moreover, although we had used vignettes as a means to allow women to talk about other peoples' experiences rather than their own, most women were keen to share their experiences. Indeed,

after one focus group discussion, the women stated how therapeutic it had been to be allowed a voice. Although it is not the purpose of a research interview to be therapeutic per se, providing a vehicle for marginalised voices is an important part of the research endeavour (Serrant-Green, 2010).

Irrespective of whether the data collection is in a group or with individual participants, consideration needs to be given to how the vignette will be presented. There are a number of ways to present vignettes (consideration #6). Open ended questions have considerable value (Hughes & Huby, 2004) and another popular technique is to present unfinished sentences to participants to prompt discussion (Barter & Renold, 2000). Conversely, closed questions or forced choice vignettes (Gliner et al., 1999) can be used in quantitative research and allow for a wide range of variables to be incorporated, as was the case in the parenting study. Employing a range of closed and open questions can get the best from both (Hughes & Huby, 2004) in theory, but such an approach may be inappropriate or impossible. As indicated in Table 3, our domestic abuse vignettes were presented in qualitative form to women participants as: *'this is what a health professional said'*. The vignettes were followed by the simple prompt: *'What do you think of what this health professional had to say?'* This opening question yielded discussions that required very little additional prompts.

Administration of vignettes in sensitive issues research carries with it careful thought regarding how much information to share with participants. As discussed earlier, constructing vignettes from 'real' stories augments authenticity. However, telling participants that vignettes are constructed from real situations may be distressing, especially if participants are in a similar situation (Barter & Renold, 2000). Because our vignettes were based on real

16

situations and because we felt it was important for the women participants to know this, we had to be extremely cautious not to include information that was 'too close to the bone'.

We have already highlighted the protective benefits of vignettes in terms of allowing participants to focus on a third person, that is, the vignette character rather than on themselves. Thus, when presenting vignettes, it is important to make an explicit statement to participants that it is okay *not* to draw on their own experiences. In our domestic abuse research we found that this approach appeared to release participants from the potential burden of having to disclose personal information. This leads to the final consideration, that of the varying viewpoints that participants can adopt.

The final consideration in the framework is concerned with response perspectives. There are a number of ways that participants may respond: (1) from the viewpoint of the vignette characters; (2) people more generally; or (3) the participant's own viewpoint. Hughes and Huby (2004) and Paddam et al. (2010) have argued that instructing participants to adopt a role other than their own within a vignette can reduce social desirability. Finch (1987) stresses this point, highlighting that vignettes are a tool to identify public morality, rather than to investigate respondents' personal behaviour. In other words, they can provide access to socially constructed norms in a manner that frees participants from fear of socially undesirable responses. This is because they are commenting on something other than their own perspective. Paper people are therefore capable of generating 'cleaner' data.

In our experience, women were more than happy to comment of the actions of others. It appeared that their stance as service users meant that they were at liberty to comment on health professionals' actions free of the risk of judgement, criticism or embarrassment. We

argue that vignettes invite comment on behaviours and beliefs that can be difficult to obtain otherwise. They may redress some balance in the power relationship. In the abuse study, participants were able to be both complimentary and critical about healthcare professionals in a way they would not have been able to face to face.

Although vignettes allow participants distance, an interesting phenomenon is their willingness to draw unprompted on their own experience. Richman and Mercer (2002) reported that in their research the vignette acted as a prompt to personal experience and as a vehicle for reflection. Participants digressed from the scenario to relate similar personal experiences. They expressed emotional reactions and drew on larger cultural and media representations. Similarly, in the abuse study, women frequently cited their own experiences and careful management was required to bring women back to the scenario in order to retain focus within the group. Overall, use of vignettes provided choice and control for participants regarding their level of disclosure in a manner that may have been difficult to achieve through other means of data generation. We suggest that this provided an important, protective mechanism within our research design.

Disjunctions between research respondents and the vignette characters may be problematic if they are too great (Hughes & Huby, 2002). For example, asking a young person to imagine themselves as an elderly person may be difficult and therefore threaten the rigour of a study. In the abuse study we asked women to comment on the actions of healthcare professionals. It did not require them to imagine *being* that health professional. For some women this may have been too difficult. We argue however, that it allowed the women to air a critical voice regarding healthcare practices that under most other circumstances would remain mute.

Conclusions

If research is sometimes concerned with accurate representation and reflection from participants and stakeholders on matters that may be judged as sensitive, then vignettes offer a useful contribution to researchers' methodological toolbox. Vignettes are of course just one potential safeguard against harm to participants that researchers employ. But we have illustrated how they can make a useful contribution in this regard.

The literature provides a number of endorsements for vignette use. However, there has been little focus on vignette methodology as a means of providing a safe haven for participants. Drawing on the evidence base for vignettes, we have constructed a framework that we offer as a supportive architecture when researching sensitive topics. The framework lays out seven points for consideration during vignette development and administration. In the form of questions, it highlights the decisions to be made from broad issues of design – such as whether to use group or individual interviews – through to the minutiae of whether to use open or closed questions.

The basis of our argument has been that vignettes, or 'paper people', remove the direct retelling and revisiting of particularly distressing events and encounters among research participants. By allowing them more control over their own disclosure of potentially upsetting accounts, vignette methodology can still derive quality data. It aids the voicing of silences described by Serrant-Green (2010), where silent voices are actively sought in order to uncover views and perspectives that would otherwise remain unheard. We have highlighted the utility of this framework by drawing on two different studies where we used vignettes to explore difficult topics. We support the place of paper people in social research,

particularly when the research focuses on sensitive issues and encourage other researchers to

consider using them as an adjunct to more traditional methods.

References

Bailey A. (2008). Let's tell you a story: use of vignettes in focus group discussions on HIV/AIDS among migrant and mobile men in Goa, India. In: Liamputtong P. (Ed.) *Doing Cross-Cultural Research: Ethical and Methodological Perspectives.* The Netherlands: Springer, 253-264.

Barnatt J., Shakman K., Enterline S., Cochran-Smith M. & Ludlow L. (2007). Teaching for social justice: using vignettes to assess attitudes and beliefs. Paper presented to the *American Educational Research Association Annual Meeting*.

Barter C. & Renold E. (1999). The use of vignettes in qualitative research. *Social Research Update* Issue 25.

Barter C. & Renold E. (2000). 'I wanna tell you a story': exploring the application of vignettes in qualitative research with children and young people. *International Journal of Social Research Methodology* 3, 307-323.

Brondani M.A., MacEntee M.I, Bryant S.R. & O'Neill B. (2008). Using written vignettes in focus groups among older adults to discuss oral health as a sensitive topic. *Qualitative Health Research* 18, 1145-1153.

Bunting, L., Lazenbatt, A. & Wallace, I. (2010). Information sharing and reporting systems in the UK and Ireland: professional barriers to reporting child maltreatment concerns. *Child Abuse Review* 19, 187-202.

Chau J.P.C., Chang A.M., Lee I.F.K., Ip W.Y., Lee D.T.F. & Wootton Y. (2001). Effects of using videotaped vignettes on enhancing students' critical thinking ability in a baccalaureate nursing programme. *Journal of Advanced Nursing* 36, 112-119.

Faller K. (2005). Anatomical dolls: Their use in assessment of children who may have been sexually abused. *Journal of Child Sexual Abuse* 14, 1-21.

Feng J-Y. & Wu Y-W B. (2005). Nurses' intention to report child abuse in Taiwan: A test of the Theory of Planned Behavior. *Research in Nursing & Health* 28, 337-347.

Finch J. (1987). The vignette technique in survey research. *Sociology* 21, 105-114.

Forrester D., McCambridge J., Waissbein C. & Rollnick S. (2008). How do child and family social workers talk to parents about child welfare concerns? *Child Abuse Review* 17, 23-35.

Gliner J.A., Haber E. & Weise J. (1999). Use of controlled vignettes in evaluation: does type of response method make a difference. *Evaluation and Programme Planning* 22, 313-322.

Hawkins R. & McCallum C. (2001). Effects of mandatory notification training on the tendency to report hypothetical cases of child abuse and neglect. *Child Abuse Review* 10, 301-322.

Hughes R. (1998). Considering the vignette technique and its application to a study of drug injecting and HIV risk and safer behaviour. *Sociology of Health & Illness* 20, 381-400.

Hughes R. & Huby M. (2002). The application of vignettes in social and nursing research. *Journal of Advanced Nursing* 37, 382-386.

Hughes R. & Huby M. (2004). The construction and interpretation of vignettes in social research. *Social Work & Social Sciences Review* 11, 36-51.

Killick C. & Taylor B.J. (2011). Judgments of social care professionals on elder abuse referrals: a factorial survey. *British Journal of Social Work* doi:10.1093/bjsw/bcr109

Kinicki A.J., Hom P.W., Trost M.R. & Wade K.J. (1995). Effects of category prototypes on performance-rating accuracy. *Journal of Applied Psychology* 80, 354-370.

Ko C. & Koh C-K. (2007). The influence of abuse situation and respondent background characteristics on Korean nurses' perceptions of child sexual abuse: A fractional factorial design. *International Journal of Nursing Studies* 44, 1165-1176.

Murphy K.R., Herr B.M., Lockhart M.C. & Maguire E. (1986). Evaluating the performance of paper people. *Journal of Applied Psychology* 71, 654-661.

Paddam A., Barnes D. & Langdon D. (2010). Constructing vignettes to investigate anger in multiple sclerosis. *Nurse Researcher* 17, 60-73.

Renold E. (2002). Using vignettes in qualitative research. *Building Research Capacity* July 2002, 3-5.

Richman J. & Mercer D. (2002). The vignette revisited: evil and the forensic nurse. *Nurse Researcher* 9, 70-82.

Serrant-Green L. (2010). The sound of 'silence': A framework for researching sensitive issues or marginalised perspectives in health. *Journal of Research in Nursing* 16, *347-360.*

Schoenberg N. E. & Ravdal H. (2000). Using vignettes in awareness and attitudinal research. *International Journal of Social Research Methodology* 3, 63-74.

Spalding N.J. & Phillips T. (2007). Exploring the use of vignettes: from validity to trustworthiness. *Qualitative Health Research* 17, 954-962.

Social Research Association (2003) *Ethical Guidelines*. Retrieved: http://www.the-sra.org.uk/documents/pdfs/ethics03.pdf

Steckley L. (2011). Touch, physical restraint and therapeutic containment in residential child care. *British Journal of Social Work*, doi:10.1093/bjsw/bcr069.

Stokes J. & Schmidt G. (2011). Race, poverty and child protection decision making. *British Journal of Social Work*, doi:10.1093/bjsw/bcr009.

Taylor J., Lauder W., Moy M. & Corlett J. (2009). Practitioner assessments of 'good enough' parenting: factorial survey. *Journal of Clinical Nursing* 18, 1180-1189.

Torres S. (2009). Vignette methodology and culture-relevance: Lessons learned through a project on successful aging with Iranian immigrants to Sweden. *Journal of Cross Cultural Gerontology* 24, 93-114.

Ulrich C.M. & Ratcliffe S.J. (2008). Hypothetical vignettes in empirical bioethics research. *Advances in Bioethics* 11, 161-181.

Webster, S.W., O'Toole, R., O'Toole, A.W. & Lucal, B. (2005). Overreporting and underreporting of child abuse: teachers' use of professional discretion. *Child Abuse & Neglect* 29, 1281-1296.

Wilson J. & While A.E. (1998). Methodological issues surrounding the use of vignettes in qualitative research. *Journal of Interprofessional Care* 12, 79-86.

World Medical Association (2008). *World Medical Association Declaration of Helsinki*. World Medical Association. Retrieved:

http://irb.sinica.edu.tw/DECLARATION%20OF%20HELSINKI%20(2008).pdf

Zedeck S. & Cascio W.F. (1984). Psychological issues in personnel decisions. *Annual Review of Psychology* 35, 461-518.

Table 1: Details of the parenting and abuse studies

	Parenting Study	**Abuse Study**
Completed	2009	2011
Funder	EastRen	Office of the Chief Scientist
Aim	To measure professional judgments used by health visitors on 'good enough' parenting and to identify the factors and combinations of factors used in judgment and decision-making	To explore health professionals' beliefs about domestic abuse and the influence these have on their responses to disclosure
Design	Quantitative	Qualitative
Approach	Factorial Survey	Critical Incident Technique
Participants	Health Visitors	Healthcare professionals and women survivors of domestic abuse
Sample size	200 health visitors, 699 scored vignettes	29 healthcare professionals; 14 survivors
Analysis	Multiple regression with dummy coding and analysis of variance (ANOVA)	Inductive classification and framework analysis
Vignette approach	A computer programme generated random scenarios using different elements agreed by the steering group as familiar in health visiting practice. Ten vignettes were then rated by each health visitor on a ten point visual analogue scale and returned anonymously.	Excerpts from Phase I interviews with health professionals were used to generate a number of vignette scenarios. In Phase II, these were presented orally to women survivors in focus group interviews to stimulate discussion.

Table 2: Considerations in vignette development and administration

Vignette Development	Points to Consider
Consideration #1: Data sources for vignette construction	Should the vignette be based on: Research findings or literature review? Real life experiences? A singular source or eclectic mix?
Consideration #2: Vignette format	What format should the vignette take: Paper versus electronic? Short or lengthy? Single versus multiple?
Consideration #3: Capturing reality	What level of authenticity is required? Should the vignette be: Hypothetical or 'real'? If real, how can anonymity and confidentiality be protected?
Consideration #4: Vignette/participant congruence	How can a balance be achieved between: Complexity versus simplicity? Ambiguity versus clarity? Colloquial versus formal language?
Vignette Administration	**Points to Consider**
Consideration #5: Data collection	What is an appropriate form of data collection? Group or individual sample?
Consideration #6: Presenting the vignette	What types of questions are required? Open and/or closed? Unfinished sentences? How much information to share with participants?
Consideration #7: Response perspectives	How will participants be asked to respond to the vignette? As: A vignette character? People more generally? Themselves (their own viewpoint)?

Table 3: Examples of vignettes drawn from abuse study

Vignette 1

One of the people that we interviewed was a midwife working in the community. The midwife told me: 'I saw a woman recently in the clinic and I noticed that her partner would interrupt when I asked her questions. He said "Do you mind? I'll deal with this, you don't need to bother" he basically shut her up. I thought, I don't like this, I don't like how he's treating her; but he wouldn't leave the room and I couldn't talk to her on her own. When she left the clinic I was really worried about her because I didn't have a chance to check that she was OK. That girl never did admit to domestic abuse all through her pregnancy, but I heard later that she ended up in a refuge when her baby was just 5 weeks old.

Vignette 2

One of the healthcare professionals that we interviewed was a health visitor [public health nurse]. She told me: I've visited one woman recently and she had a black eye, but totally denied that it was her partner and that's a very difficult one because I know there is domestic abuse there and she is not willing to discuss it… it is really difficult because even if you actually see a mark, they deny it. It's really difficult to help. You can give information but it's up to the woman to decide to seek help but sometimes, for whatever reason, you know, they're too frightened or they just don't want to leave the situation because they believe the situation would be worse if they left.