Critical analysis of a text: 1

# Text (reference details)

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| Krienert, J and Walsh, J (2010) Eldercide: a gendered examination of elderly homicide in the United States, 2000-2005, *Homicide Studies* 14, 1:52-71 |

**1. What review question am I asking of this text?**

(e.g. What is my central question? Why select this text? Does the Critical Analysis of this text fit into my investigation with a wider focus? What is my constructive purpose in undertaking a Critical Analysis of this text?)

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| *My central question is: How can the safety of elderly females in residential care homes in the United Kingdom be ensured?**My review question is: What are the risk factors associated with violence to elderly females in residential care homes in the UK?**Notes: This text is useful because it gathers a large amount of evidence from different sources, to give a large-scale view of the profile of the victim-offender demographic patterns in homicide of the elderly. The abstract indicates there are particular findings relating to women, which I need.**The match to my own study is not exact:**a) I need to evaluate how applicable findings from this US study are likely to be to the UK.**b) My interests extend to all forms of violence, not just homicide.**Also, the relevance of this study is limited by the authors’ inability to document homicides in residential facilities as a separate category (p. 68).* |

**2. How and why are the authors making this contribution?**

a. What type of literature is this (e.g. Theoretical, research, practice, policy? Are there links with other types of literature?)

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| *It is research literature, because it reports patterns observed through systematically collected evidence. In addition, however, near the end (para 2 of* Discussion*) the authors imply the need for some changes in assumptions about what keeps elderly people safe, which is a comment on future practice.* |

b. How clear is it which intellectual project the authors are undertaking? (e.g. Knowledge-for-understanding, knowledge-for-critical evaluation, knowledge-for-action, training?)

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| *It is clearly knowledge-for-understanding because the authors are trying to deepen their understanding of the situation by means of research. They are doing this because of existing confusion. They note (*Introduction*) that the information to date has been small-scale, based on ‘homogeneous’ or ‘geographically localized’ samples and with a ‘lack of comprehensive aggregate data’ (p. 54). For example, they show (*Eldercide offenders*, (p. 58)) how one study found most offenders to be black, while another found most to be white. They are looking for a clearer overall view of the patterns.**They aspire to find patterns that offer some potential to inform policy-making (e.g. they state (p. 54) ‘Gendered offender and victim profiles provide the potential to create proactive policy initiatives and safer living strategies for this growing yet vulnerable population’). But their research is designed to generate understanding of patterns, rather than directly to inform either policy or practice or to make specific policy recommendations. So I judge that they are not attempting to generate knowledge-for-action.* |

c. How is the intellectual project reflected in the authors’ mode of working? (e.g. A social science or a practical orientation? Choice of methodology and methods? An interest in understanding or in improving practice?)

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| *The authors take a social science approach to research, based on statistical analyses of information. Since they are pursuing knowledge-for-understanding, they set out to establish more clearly than before what the patterns are in existing datasets. They have gathered data reported to the NIBRS (National Incident Based Reporting System, see useful explanation at* [*http://www.icpsr.umich.edu/NACJD/NIBRS/*](http://www.icpsr.umich.edu/NACJD/NIBRS/)*) in 2000-2005, and they analyze it to identify more general trends. They compare it with SHR data (Supplemental Homicide Reports, see* [*http://www.icpsr.umich.edu/NACJD/SDA/shr7699d.html*](http://www.icpsr.umich.edu/NACJD/SDA/shr7699d.html)*) and find it very similar (e.g. p. 61).* |

d. What value stance is adopted towards the practice or policy investigated? (e.g. Relatively impartial, critical, positive, unclear? What assumptions are made about the possibility of improvement? Whose practice or policy is the focus of interest?)

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| *Obviously the authors believe that eldercide bad and that it should be prevented wherever possible – this may partly explain why they have chosen to study the topic. Evidence that they have this stance is seen in, for instance:**‘Offenders, victims, and incident characteristics are examined in an effort to establish victim and offender profiles and baseline data for understanding this violent crime which targets one of our most physically vulnerable populations. As the large ‘babyboomer’ birth cohort advances through the life course, it is becoming increasingly important to stay responsive to the well-being of the elder population’ (p. 67).**Nevertheless, their stance is relatively impartial, as they are seeking the evidence that is capable of ensuring that future policy and practice is based on accurate information, particularly regarding understandings of the gender dimension.* |

e. How does the sort of intellectual project being undertaken affect the research questions addressed? (e.g. Investigation of what happens? What is wrong? How well a particular policy or intervention works in practice?)

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| *Their knowledge-for-understanding approach requires large samples to ensure accuracy in establishing the patterns amongst victim and offender profiles, and to tease out gender differences between stranger-oriented and family-oriented forms of eldercide. They are primarily asking what happens (which could, in principle, inform efforts work out why, but the authors don’t attempt this). In particular, they want to know whether the previous reports have been sufficiently accurate, since they have been based on small, possibly unrepresentative samples.* |

f. How does the sort of intellectual project being undertaken affect the place of theory? (e.g. Is the investigation informed by theory? Generating theory? Atheoretical? Developing social science theory or a practical theory?)

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| *The authors do not engage directly with theory – possibly because their concern is confined to identifying patterns, rather than trying to explain them. However, the assumption that ‘eldercide’ is a phenomenon of its own is not theory-free, and there are problems associated with the definition of ‘eldercide’ because of variation in the age brackets used in different studies. Also, implicit theory about the main variables in our social world (gender, age, race, etc) direct them to explore the data in certain ways: they believe it is relevant to report the effects of these variables.* |

g. How does the authors’ target audience affect the reporting of research? (e.g. Do the authors assume academic knowledge of methods? Criticize policy? Offer recommendations for action?)

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| *The main target audiences would appear to be academics interested in this aspect of the social world, and practitioners working with older people or dealing with police reports of homicides. The authors assume that readers will view quantitative evidence as useful, and will have a basic understanding of what is entailed in quantitative analyses. They also assume knowledge of what the NIBRS and SHR are: although they gloss the acronyms at first mention and outline where the data come from and some limitations, they seem to assume readers have heard of them already, implying that they wrote for readers based in the USA.* |

**3. What is being claimed that is relevant to answering my review question?**

a. What are the main kinds of knowledge claim that the authors are making? (e.g. Theoretical knowledge, research knowledge, practice knowledge?)

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| *They are reporting research knowledge, because they are reporting patterns through systematic data analysis, without a primary purpose of criticism or making recommendations.* |

b. Excluding aspects that are obviously not relevant to the review question, what is the content of each of the main claims to knowledge and of the overall argument? (e.g. What, in a sentence, is being argued? What are the three to five most significant claims that encompass much of the relevant detail? Are there key prescriptions for improving policy or practice?)

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| *The overall argument is that clear, sometimes unexpected, patterns emerge from the data on eldercide when they are viewed in sufficient quantity. There are several variables that the authors consider relevant: gender, age, race, relationship and incident location (NB: for them, eldercide relates to victims aged 60+, p. 60).**My review question is concerned with identifying any risk factors associated with violence to elderly females in UK residential care homes, so I am particularly interested in the gender factor that the authors address.**Many of the interpretative statements made in the paper are comparisons between male and female patterns, so I mostly drew directly from Tables 3, 4 and 5 (p. 63-65). Points (i) to (vi) below are the key findings relevant to my review question. It is useful to list them because they are so precise.**i) more elderly females are killed by offenders aged over 45 than under 45**ii) although females are statistically less vulnerable the older they get (between 60 and 80+), the proportion of victims over 80+ is higher than for men [However, this could simply reflect that women generally live longer, so more of them get into that age bracket]**iii) only around one in ten eldercides of females are by women offenders**iv) elderly females are most likely to be killed by their spouse**v) elderly females (black and white) are more at risk from white than from black offenders**vi) most elderly females are killed in their residence (i.e. their home, whether that is a private home or a residential one)**vii) Certain prevailing assumptions in society may be wrong: staying at home and not having great mobility may seem to be a way of staying safe, but only if the major danger is from strangers. Where relations and caregivers are the offenders, isolation and immobility are no protection, and could increase vulnerability, p. 67.**These findings do not separate out victims living at home and in residential care homes. Point (vii) is useful for me in exploring the relative risk of someone staying in their own home compared with moving to a care home.* |

c. How clear are the authors’ claims and overall argument? (e.g. Stated in an abstract, introduction or conclusion? Unclear?)

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| *The abstract is extremely clear in summarizing the rationale for the authors’ paper, and also its main conclusions.* |

d. How consistent are the authors’ claims with each other? (e.g. Do all claims fit together in supporting an argument? Do any claims contradict each other?)

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| *There’s no evidence of major contradictions between relevant claims, though all the main claims are based on the dominant trend, and it is important not to forget the minority situations – a qualitative study might identify contradictions to this trend hidden beneath the summary figures.* |

**4. How certain and generalized are the authors’ claims?**

a. With what degree of certainty do the authors make their claims? (e.g. Do they indicate tentativeness? Qualify their claims by acknowledging limitations of their evidence? Acknowledge others’ counter-evidence? Acknowledge that the situation may have changed since data collection?)

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| *The authors’ certainty about their own figures is high, because it’s based on statistical analyses. They view their own figures as more reliable than those of others that contradict them, and give their reasons why. However, they also note that the data used are not complete either in terms of demographics (see 4b below) or incidents reported, since some eldercides may be recorded as natural deaths (p. 68).* |

b. How generalized are the authors’ claims – to what range of phenomena are they claimed to apply? (e.g. The specific context from which the claims were derived? Other similar contexts? A national system? A culture? Universal? Is the degree of generalization implicit? Unspecified?)

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| *The authors do seem to imply, overall, that their findings can be generalized to the entire US. However, they admit that the data are partial and not fully representative of the demographics of the whole country. Particularly, ‘only a fraction of homicides are captured through**NIBRS reporting’ (p. 59) and ‘Overrepresentation of smaller and more rural jurisdictions has been a common criticism in the past’ (p. 59) though more cities now return data than used to. By the end of their study still only 27/50 states returned data (note, p. 69), so it represents only 20% of the US population (p. 68). They particularly note that more urban data might alter the patterns, though they claim that the match from the SHR data ‘tempers that concern’ (p. 68). They also observe that nursing home data are not separated out in the NIBRS, even though they ‘speculate’ that it may be a relevant variable (p. 68). Overall they defend their capacity to generalize by noting that their data are more reliable than anything else available (p. 59-60).**I note that they do not attempt to generalize beyond the USA.* |

**5. How adequate is the backing for these claims?**

a. How transparent are any sources used to back the claims? (e.g. Is there any statement of the basis for assertions? Are sources adequately specified?)

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| *The sources are clearly specified, but the authors do not provide much information about exactly how incidents come to be reported to the FBI or logged on the databases. (They do note that some incidents might not get reported, p. 68.) I wonder how accurate and complete the reporting of incidents is in the USA.* |

b. What, if any, range of sources is used to back the claims? (e.g. First-hand experience? The authors’ own practice knowledge or research? Literature about others’ practice knowledge or research? Literature about reviews of practice knowledge or research? Literature about others’ polemic? Is the range of sources adequate?)

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| *The sources are national databases; other research literature. These sources seem adequate for the claims made, since the authors do not engage with explaining why these patterns exist (where more qualitative analysis might be required).* |

c. If claims are at least partly based on the authors’ own research, how robust is the evidence? (e.g. Are there methodological limitations or flaws in the methods employed? Do the methods include the cross-checking or ‘triangulation’ of accounts? What is the sample size and is it large enough to support the claims being made? Is there an adequately detailed account of data collection and analysis? Is there a summary of all data that is reported?)

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| *The authors have used all relevant cases in the databases, except those with more than one offender (p. 60). Total 828 cases, over 5 years. They triangulate by comparing the NIBRS data with the SHR data. This makes their findings robust, within the limits noted above under sub-questions 4b and 5a.* |

d. Are sources of backing for claims consistent with the degree of certainty and the degree of generalization? (e.g. Is there sufficient evidence to support claims made with a high degree of certainty? Is there sufficient evidence from other contexts to support claims entailing extensive generalization?)

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| *Yes, the sources of backing for these claims seem consistent with the authors’ implied degree of certainty about their own findings, and how representative these findings are of the USA as a whole. But everything rests on the accuracy and completeness of the data sources, and the authors provide little evidence on these points. So it is difficult to judge how generalizable the data are, since there is no opportunity to gain an independent picture that is any more robust than theirs. There is the general problem that the certainty and generalizations relate to the patterns in the data as a whole, but do not, of course, predict the details of any individual eldercide.**Specifically in relation to my review question, I’m unsure that the authors’ findings can be generalized to the case of women in UK residential homes: the US and UK situations are significantly different, and there are no separate data in the authors’ study about victims in residential homes.* |

**6. How effectively does any theoretical orientation link with these claims?**

a. How explicit are the authors about any theoretical orientation or conceptual framework? (e.g. Is there a conceptual framework guiding the data collection? Is a conceptual framework selected after the data collection to guide analysis? Is there a largely implicit theoretical orientation?)

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| *Not applicable, other than as noted below, because the research is atheoretical.* |

b. What assumptions does any explicit or implicit theoretical orientation make that may affect the authors’ claims? (e.g. Does a particular perspective focus attention on some aspects and under-emphasize others? If more than one perspective is used, how coherently do the different perspectives relate to each other?)

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| *There is an implicit theoretical assumption that certain kinds of variable (gender, age, race, victim-offender relationship, location, weapon, role of alcohol and drugs) are more interesting and important than others (e.g. previous police record of the offender, religion, attitude to risk). Had the latter been seen as important, the researchers might have needed information that was not provided in the databases they used.* |

c. What are the key concepts underpinning any explicit or implicit theoretical orientation? (e.g. Are they listed? Are they stipulatively defined? Are concepts mutually compatible? Is the use of concepts consistent? Is the use of concepts congruent with others’ use of the same concepts?)

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| *Not applicable, since the research is atheoretical. The key concept of ‘eldercide’ is merely a descriptive subcategory of homicide that applies to elderly people, operationally defined by the authors as people who are aged 60+.* |

d. How convincing are any diagrams presenting relationships between concepts? (e.g. Is the relationship between components clear? Are links hierarchical? Causal? Sequential? Is the purpose and direction of arrows convincing?)

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| *Not applicable – no theoretical diagram is provided as the research is atheoretical* |

e. Do the authors justify their choice of theoretical orientation and if so, how? (e.g. Reference to empirical evidence suggesting that the theorization captures an important feature of the phenomenon? Reference to landmark texts adopting this orientation?)

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| *Not applicable – there is no explicit theoretical orientation* |

**7. To what extent does any value stance adopted affect claims?**

a. How explicit are the authors about any value stance connected with the phenomena? (e.g. A relatively impartial, critical or positive stance? Is this stance informed by a particular ideology? Is it adopted before or after data collection?)

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| *The authors do not make their own value stance explicit. They assume a baseline value stance shared with the reader, that eldercide is a bad thing and it is a good thing to do research that could help to inform ways of preventing it.* |

b. How might any explicit or implicit value stance adopted by the authors be affecting their claims? (e.g. Have they pre-judged the phenomena discussed? Are they biased? Is it legitimate for the authors to adopt their particular value stance? Have they over-emphasized some aspects of the phenomenon while under-emphasizing others?)

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| *Demonstrably, the authors’ implicit value stance has led them to investigate patterns amongst factors related to eldercide. They do make explicit their aspiration to generate findings about patterns that could inform policy or practice, specifying ways in which their work might help to inform ways of preventing eldercide (e.g. ‘an aggregate gender-based examination could assist in modelling victimization risk and offender likelihood creating greater opportunity for prevention and intervention (p. 55)).* |

**8. To what extent are claims supported or challenged by others’ work?**

a. Do the authors relate their claims to others’ work? (e.g. Do the authors refer to others’ published evidence, theoretical orientations or value stances to support their claims? Do they acknowledge others’ counter-evidence?)

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| *The authors cite evidence from other studies to legitimate their key claims, and to indicate what was previously known. However, they suggest that previous findings are less reliable than their own, being based on smaller, more local samples.* |

b. If the authors use evidence from others’ work to support their claims, how robust is it? (e.g. As for 5(c).)

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| *This is difficult to tell without reading the original sources, but the authors are most concerned with noting limitations in other studies based on their size and scope, rather than on poor study design or analysis. They view others’ work as less robust than their own. It is implicit that comparisons are not matching like with like, e.g. in relation to the age of the victims in different studies: on p. 56 there are references to studies of ‘elderly’ victims (65+), ‘elder’ victims (age unclear, but ‘older’ is previously defined as 55+ (p. 53)), 85+ and 65 to 85, while their own study covered victims aged 60+ (p. 60). No direct comparisons are made with their study, but many of the studies in the research literature are compared and contrasted with each other in the authors’ literature review section (p. 55-59).* |

c. Is there any evidence from others’ work (including work you know, but the authors do not mention) that challenges the authors’ claims and, if so, how robust is it? (e.g. Is there relevant research or practice literature? Check any as for 5(c).)

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| *The authors report that others’ research has produced some contradictory findings (e.g. the account of victim-offender relationships, p. 57). The authors conclude in their literature review section that the previous findings are inconsistent, and later present their own findings as more reliable. They account for the discrepancies in terms of small and localized samples. It’s not clear how individually robust the other studies are.**I don’t know if there have been other studies of factors relating to eldercide, either published since this one, or conducted in other countries. If I decide to refer to this study in detail, I will need to do a tightly-focused literature search.* |

**9. To what extent are claims consistent with my experience?**

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| *I have no experience that is relevant to factors associated with eldercide. But I am aware from mass media accounts that the reporting of crime statistics in the UK is not wholly accurate and comprehensive, making me cautious about accepting that the authors’ data sources are as robust as they imply.* |

**10. What is my summary evaluation of the text in relation to my review question?**

a. How convincing are the authors’ claims and why?

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| *The claims based on the authors’ US data are convincing. But they cannot be assumed to hold for the UK residential home context, because the US and UK situations are too different, and because there is no separate data in their study about victims in residential homes. In particular, I would want to know whether living in a residential home predominantly reduces the risk of homicide (since the spouse, the most common offender, has less access) or increases it (because of exposure to strangers and acquaintances, in a less isolated environment).* |

b. How, if at all, could the authors have provided stronger backing for their claims?

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| *The authors used two strong data sources, but because it is secondary numerical data, there is not enough specific information provided about cases. For my use here, I would have liked more qualitative detail about what causes the patterns, so I could consider in more detail the ways in which my own study context is and is not reflected in theirs. The authors could have complemented this study with qualitative research to explore why eldercide may have occurred in different circumstances (e.g. by using, as secondary sources, mass media reports of homicide cases where the victim was aged 60+).* |