Critical Analysis
No. 1

Text:


1. What review question am I asking of this text?
   (E.g. what is my research 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?)

   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 United Kingdom?
   
   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.

   (Continued)
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 violence, not just homicide.

Also, the relevance of this study will be limited by the authors’ inability to document homicides in residential facilities as a separate category (see page 68).

2. What type of literature is this?
   (E.g. theoretical, research, practice, policy? Are there links with other types of literature?)

It is research literature, because it reports patterns observed through evidence. In addition, however, near the end (paragraph 2 of Discussion, page 67) the authors imply the need for some changes in assumptions about what keeps elderly people safe, which is a comment on future practice.

3. What sort of intellectual project for study is being undertaken?
   a) How clear is it which project the authors are undertaking? (E.g. knowledge-for-understanding, knowledge-for-critical evaluation, knowledge-for-action, instrumentalism, reflexive action?)

It is clearly knowledge for understanding because the authors are trying to understand the situation by means of research. They are asking ‘what happened, and why?’. They are doing this because of existing confusion. They note (in the 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’ (page 54). For example, they show (Eldercide Offenders, page 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.

b) How is the 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?)
They take a social science approach to research, based on statistical analyses of information. Because they are trying to create 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: www.icpsr.umich.edu/NACJD/NIBRS/) in 2000–2005, and they analyse it to identify more general trends. They compare it with SHR data (Supplemental Homicide Reports, see www.icpsr.umich.edu/NACJD/SDA/shr7699d.html) and find it very similar (see page 61).

c) 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?)

Obviously they believe that eldercide is a bad thing and should be prevented when possible – this probably partly explains why they have chosen to study this 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 (page 67).

Nevertheless, their stance is relatively impartial, as they are seeking the evidence that can ensure future policy and practice is based on accurate information, particularly regarding understandings of the gender dimension.

d) How does the sort of project being undertaken affect the research questions addressed? (E.g. investigating what happens? What is wrong? How well does a particular policy or intervention work in practice?)

Their knowledge-for-understanding approach requires large samples to ensure accuracy in establishing the patterns. They are asking what happens and why. In particular, they want to know whether the previous reports have been sufficiently accurate, since they have been based on small, possibly unrepresentative samples.
e) How does the sort of 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?)

They do not engage directly with theory. However, the assumption that ‘elder-cide’ is a phenomenon of its own is not theory-free, and there are problems associated with the definition of ‘elder-cide’ 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.

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

The main target audiences would appear to be academics interested in the social world, and practitioners working with older people or dealing with police reports of homicides. They assume that readers will view quantitative evidence as useful, and 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 US readers.

4. 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?)

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

b) What is the content 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 detail? Are there key prescriptions for improving policy or practice?)

The overall argument is that clear, sometimes unexpected, patterns emerge from the data on eldercide when it is viewed en masse. There are several variables that they consider relevant: gender, age, race, relationship, and incident location (NB: for them, eldercide relates to victims aged 60+; see page 60).

My review question is: what are the risk factors associated with violence to elderly females in residential care homes in the United Kingdom?

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 (pages 63–65). Points (i) to (vi) below are the key findings relevant to my RQ: 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 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 (see page 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?)

The abstract is extremely clear in summarizing the point of the paper and also its main conclusions.
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d) 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?)

Their 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 (‘generalization’ below) or incidents reported, since some eldercides may be recorded as natural deaths (page 68).

e) 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? Implicit? Unspecified?)

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’ (page 59) and ‘overrepresentation of smaller and more rural jurisdictions has been a common criticism in the past’ (page 59) though more cities now return data than used to. By the end of their study still only 27/50 states returned data (note, page 69), so it represents only 20% of the US population (page 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’ (page 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 (page 68). Overall they defend their capacity to generalize by noting that their data are more reliable than anything else available (page 59–60).

They do not attempt to generalize beyond the US.

f) 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?)
No evidence of major contradictions, though all the main claims are based on the dominant trend, and it’s important not to forget the minority situations – a qualitative study might identify contradictions hidden beneath the figures.

5. To what extent is there backing for claims?

a) How transparent is it which, if any, sources are used to back the claims? (E.g. is there any statement of the basis for assertions? Are sources unspecified?)

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, page 68.)

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?)

National databases; other research literature. This seems adequate for the claims made, since they do not engage with 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. is the range of sources adequate? Are there methodological limitations or flaws in the methods employed? Do they include 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 a summary given of all data reported?)

They used all relevant cases in the databases except those with more than one offender (page 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 in 4(e) and 5(a).
d) Are sources of backing for claims consistent with 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?)

Yes, other than that it is difficult to judge how generalizable the data truly 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 RQ, it is not at all clear that their findings can be generalized to the case of women in UK residential homes, as the US and UK situations are too different and because there is no separate data in their study about victims in residential homes.

6. How adequate is any theoretical orientation to back claims?

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

Not applicable, other than as noted below.

b) What assumptions does any explicit or implicit theoretical orientation make that may affect the authors’ claims? (E.g. does a 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?)

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 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 use of concepts consistent? Is the use of concepts congruent with others’ use of the same concepts?)

Not applicable.

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?)

Not 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 inform ways of preventing it.

b) How may any explicit or implicit value stance adopted by the authors affect 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?)

The global nature of their value stance makes it hard to see how else they might have presented their arguments.

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?)

They cite evidence from other studies to legitimate 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.).)

This is difficult to tell without reading the original sources, but they are most concerned with noting limitations in other studies based on size and scope than poor study design or analysis. They view others’ work as less robust than their own. It’s implicit that comparisons are not matching like with like, e.g. in relation to the age of the victims in different studies: on page 56 there are references to studies of ‘elderly’ victims (65+), ‘elder’ victims (age unclear, but ‘elder’ is previously defined as 55+ (page 53)), 85+, and 65 to 85, while their own study covered victims aged 60+ (page 60). No direct comparisons are made with their study, but many of those in the research literature are compared and contrasted with each other in the literature review section (pages 55–9).

c) Is there any evidence from others’ work 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.).)

Some findings are different (e.g. see page 57, account of victim-offender relationships). The authors conclude in the 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.

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

Not applicable.
10. What is my summary evaluation of the text in relation to my review question or issue?

a) How convincing are the authors’ claims, and why?

The claims based on the data are convincing. But they cannot be assumed to be true 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?

They used two strong data sources, but because it is secondary 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.