With the wide variety of difficulties that our society faces and the limited funding available to address these concerns, it is important to identify and prioritize critical family issues. Because the family is a major contributor to individual and societal development, it is important to focus attention on issues which have a direct impact on family functioning. In identifying issues it is also helpful to understand demographic and geographic influences which may contribute to an individual’s perceived urgency of a given issue. This can assist policy makers in their efforts to appropriately allocate limited funds to the best suited and greatest need areas.

Identifying the Issues

Recent research aimed at identifying the most crucial issues facing American families identified a list of issues. The issue identification process involved a modified environmental scanning technique (Jenson, 1988) built upon the work of Renfro and Morrison (1984). Many resources were utilized in this effort including the following: professional journals; state, regional, and national media services; national health organizations; economic projections; Congressional reports; public opinion polls; panel reviews from a wide variety of professionals representing organizations dealing with families, childhood, youth, adolescence, and the elderly. From this review emerged an unranked documented list of 33 critical issues facing American families (Jenson & Warstadt, 1990a).

Survey Questionnaire and Sample

Survey questionnaires were sent to a random sample of 2,000 households in Utah. The sample was obtained from resident listings in Utah telephone directories. The questionnaire identified each of the 33 issues and asked respondents to rate each issue on a Likert type scale from one to ten—one being the least important and ten being the most important.
Each questionnaire was accompanied by a letter introducing the survey. One half of the introductory letters asked that an adult male complete the survey. The other half asked that the survey be filled out by an adult female. Although 2,000 was chosen as the sample size, the actual number of people contacted was smaller (1,651) due to individuals who had moved and left no forwarding address, moved to another county, or moved out of the state. From those contacted, there were 985 useable responses resulting in a 61% return rate.

The demographic variables of rural/urban government designated regions, marital status, age, family income and educational attainment were used to help better understand the results. Respondents living in places with less than a 2,500 population were classified as rural. Marital status was separated into two groups. One group was comprised of individuals currently married or living with someone of the opposite sex (cohabitating) and the other group was widows, widowers, separated, and divorced. Those who were never married were very small in number and were not used in the marital status analysis.

Age was divided into three categories: 18 to 30 years old, 31 to 60 years old, and 61 years and older. Family income compared families with under $30,000 with those over $30,000 annual income. Educational attainment categories were as follows: high school or less; some post high school education which included vocational/trade or some college; 4 year college degree; masters, doctoral or terminal degree.

Two additional, non-random samples, of Utah citizens were selected by asking county Extension agents to provide names and addresses of the following two groups: advisory committee (n=330)—these were individuals who served as advisors for Extension staff; and a specified group of "professional" persons who were involved in trying to ameliorate issues included in the survey—e.g. law enforcement officials, judges, educators, social service workers and others who have responsibilities related to families (N:104). The centerfold table has data comparing the two additional samples with the random telephone listing sample.

Findings (see centerfold)

The items as listed in the centerfold identify the 15 issues ranked by the state wide random sample as being most critical. When that same sample was analyzed by rural/urban, gender, age, income, marital status, education, governmental area of residence and type of sample, only the 10 most critical issues were used. This was done so variation from the 15 most critical issues identified by the state wide random sample could easily be seen.

Rural/urban and gender differences appear small. Family income results are not associated with wide variations. Respondents of different ages and educational attainments reveal a wider dispersion of the importance of the issues. When the data were analyzed by geographic divisions (Association of Government regions) some differences were noted. These differences should be of interest to the policy makers in those areas.

There seemed to be some dispersion among the groups as to which issues were of most importance. These differences raise questions about which group is most accurate in identifying the most critical needs of families. It is advisable for organizations to periodically review the make-up of advisory committees to ensure that persons from a variety of backgrounds are represented.

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## Rank Order of Most Critical Issues Identified by Random Sample of Utah Citizens

<table>
<thead>
<tr>
<th>Rank</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Rising Health Care Costs</td>
</tr>
<tr>
<td></td>
<td>The high cost of health care impacts many American families. Medical expenses have increased faster than the family income (Jenson &amp; Warstadt, 1990a).</td>
</tr>
<tr>
<td></td>
<td>In Utah, hospital costs increased an average of 17.4 percent annually between 1976 and 1982, and 9.1 percent annually between 1982 and 1986. After adjustments for general inflation and population growth, these figures represent an annual increase in hospital expenditures that was four percent above the national inflation rate for the same period (Report of the Governor's Task Force on Health Care Costs, 1988).</td>
</tr>
<tr>
<td></td>
<td>It is estimated that 37 million Americans, including 227,000 Utahns, lack adequate health insurance coverage during some portion of every year. Most of these individuals are employed but are uninsured because their employers do not provide health insurance (Report of the Governor's Task Force on Health Care, 1988).</td>
</tr>
<tr>
<td></td>
<td>Cost-shifting, which occurs when hospitals increase prices for services to pay patients to cover the uninsured, is practiced by many of Utah's public hospitals and has become a prime factor in Utah's escalating health care costs (Report of the Governor's Task Force on Health Care, 1988).</td>
</tr>
<tr>
<td></td>
<td>Although Congress has expanded Medicaid in recent years, millions of U.S. children and pregnant women have family incomes just above the Medicaid eligibility level, yet too low to afford private health insurance. It is estimated that nearly 13 percent of children in Utah are not covered by health insurance (Children's Defense Fund, 1991; Kid's Count Data Book, 1992).</td>
</tr>
<tr>
<td></td>
<td>Although data indicate that 10.3 percent of the uninsured population in Utah were hospitalized within the past year, a number of persons who needed hospital care may have avoided going for medical care because they lacked adequate insurance coverage (Report of the Governor's Task Force on Health Care, 1988).</td>
</tr>
<tr>
<td>#2</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>Drug abuse, which is the intentional use of a controlled substance that impairs physical, cognitive, or social well-being, is a concern for individuals in all stages of life. Drug abusers are more likely to have been reared in a dysfunctional family and to have low self-esteem than non-abusers (Berger, 1988). Drug abuse also perpetuates family dysfunction (Jenson &amp; Warstadt, 1990a).</td>
</tr>
<tr>
<td></td>
<td>One of every 35 U.S. citizens has been a victim of a violent crime or violent crime attempt. High crime rates are attributed to increased drug use and the trafficking of these controlled substances (Wetzel, 1989). Increased drug use and drug-related crimes affect school systems across the nation, contributing to an atmosphere of fear and uncertainty in many schools (Aubrey, 1985).</td>
</tr>
<tr>
<td></td>
<td>The use of drugs and alcohol by young adults is often related to motor vehicle accidents, violent and delinquent acts, and early sexual experience. Illicit drug use in the youthful population is related to dishonesty with parents and disrespect for the law. The quality of life in our communities for all citizens is directly affected by drug and alcohol abuse (Making the Grade:</td>
</tr>
</tbody>
</table>

According to a 1989 Dan Jones and Associates, household survey, marijuana was found to be the most commonly used illicit drug in Utah, followed by cocaine. This study indicated that one of four (28%) Utahns have used marijuana within the last 30 days. Marijuana users also at some time in their life, and approximately one of every twenty Utahns (5%) had used marijuana within the last 30 days. Marijuana users also reported that marijuana use often occurred in conjunction with alcohol usage. (Dan Jones & Associates, 1989.)

Although cocaine use in Utah appears to be somewhat less than the national average, about one of ten (10%) Utahns have reportedly used cocaine sometime in their life and about two percent would be considered regular users. Cocaine use among younger individuals appears to be on the decline nationally; however, in Utah it appears to be increasing. (Dan Jones & Associates, 1989.)

Both national and state polls show that Americans consider family life more important to them now than they did five years ago, and that a successful life is defined as having a happy family. Also, sixty-eight percent of those surveyed reported that they can see a growing trend back to more emphasis being placed on family life (Eyre, 1989).

Serious psychological impairment can result from physical and sexual abuse within the family. Even when an individual is not the personal victim of abuse, emotional damage can be incurred from observing or knowing that a close family member is being abused.

The number of reported cases of child abuse and neglect in Utah has more than doubled from 1982 (6,358 cases investigated) to 1990 (12,517 cases investigated). This may be partially due to better reporting methods. The most common types of child abuse/neglect in Utah as reported in 1990 were sexual abuse (1,744), and physical neglect (1,522). Most incidents of child abuse/neglect occur within the child’s home with the perpetrators either being the mother (2,637 reported), or the father (1,546 reported). During 1989 in Utah, 203 abused children required hospitalization, 13 children were permanently disabled, and 12 children were killed as a result of abuse (Utah Children, 1990).

With an expanding, specialized, and diverse labor force, it is important that high school curriculum prepare the right mix of academic course work to fit, as much as it can, the broad opportunities facing high school graduates today. The work of Hotchkiss, Kang, and Bishop (1984) addressed this concern as they researched the effects of high school curriculum and performance on employment after high school. Their research involved surveying a group of high school graduates who had elected not to attend college full time. They found that taking vocational courses, which some schools offer concurrently with academic curricula, was strongly associated with labor market success following high school. For these non-college-bound youth, the taking of additional academic course-work in high school did not show an association with increased income shortly after high school. Vocational course-work was the only aspect which was found to assist schools in preparing youth for the labor market. Employment during high school was also helpful to labor force preparation after high school (Hotchkiss et al., 1984).

What is more alarming than the fact that many youths graduate ill-equipped for employment is that school counseling systems may be overlooking labor market preparation altogether. According to survey results discussed in the Washington Post (Our Schools Aren’t Teaching, 1989), school counselors place a low priority on securing a job for students. There are also indications from this survey that high schools are largely unacustomed to cooperating with employers.

In Utah, the universities, colleges and vocational schools are turning students away due to a lack of adequate funding from the legislature.

Preparation for the labor market is of high concern for all of Utah’s youth and young adults.

American’s elderly access more health care facilities than other age groups, and health care costs for the elderly have increased markedly in recent years (United Way of America, 1987, 1989). There are indications that hospitals sometimes discharge elderly people prematurely in an effort to achieve cost containment.

With the elderly population growing at a rapid rate, baby boomers soon facing retirement, and medical advancements increasing longevity, it is predicted that by the year 2025, between 1/4 and 1/3 of the population will be over age 60 (Berger, 1988). Quality elderly health care is likely to become even more of a pressing concern in the future.

The health care concerns and shortages faced by Utah’s elderly are the same as those faced by the elderly elsewhere in the U.S.

Educators warn that nearly a third of our nation’s school-age children, based on their life’s circumstances, are at risk of failing or dropping out of school (Vobejda, 1987). Most dropouts come from homes where income is below the poverty level or have parents who did not complete high school. Many dropouts are from minority groups. Hispanics have the
### GEOGRAPHIC & DEMOGRAPHIC RANKING OF CRITICAL ISSUES FACING UTAH FAMILIES

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Education Level</th>
<th>Housing Type</th>
<th>것이</th>
<th>County/Region</th>
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<tbody>
<tr>
<td>Married/Cohabiting</td>
<td>High School or Less</td>
<td>Rural Population</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Widower/Separated/Divorced</td>
<td>Some Post High School Education</td>
<td>Urban Population</td>
<td>1</td>
<td>2</td>
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<tr>
<td>18-30 Years Old</td>
<td>Four Year College Degree</td>
<td>Male</td>
<td>1</td>
<td>2</td>
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<tr>
<td>31-60 Years Old</td>
<td>Graduate Degree</td>
<td>Female</td>
<td>1</td>
<td>2</td>
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<tr>
<td>61 Years Old and Older</td>
<td>Over $30,000</td>
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<td>High School or Less</td>
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Please note the explanation given on page 2 as to why the top 15 issues were used in the State Wide Random Sample and only the top 10 in the Demographic Analysis.

**Counties Located in Association of Government Areas**

**Bear River**
- Box Elder, Cache, Rich

**Five County**
- Beaver, Garfield, Iron, Kane, Washington

**Mountainland**
- Summit, Utah, Wasatch

**Six County**
- Juab, Millard, Piute, Sanpete, Sevier, Wayne

**Southeastern**
- Carbon, Emery, Grand, San Juan

**Uintah Basin**
- Daggett, Duchesne, Uintah

**Wasatch Front**
- Davis, Morgan, Salt Lake, Tooele, Weber

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**State of Utah**
highest dropout rate, and are followed by Blacks (Federal Register, 1989; National Collaboration for Youth, 1989).

Being a high school dropout places a youth at a higher risk for criminal involvement, drug use, teen pregnancy, and unemployment (Vobejda, 1987).

Census information from the mid 1980s suggests that the proportion of youth achieving high school graduation as well as college degrees is on the rise, with one in five American citizens holding a college degree (U.S. Bureau of Census, 1987; Lyke, 1987). However, nearly one fourth of all youth currently drop out of high school (Jenson & Warstadt, 1990a).

In 1989, Utah’s high school graduation rate was 79.9 percent. Utah ranks in the top 10 states for percentage of high school graduates per total high school students (Kids Count Data Book, 1992).

#8 Functional Illiteracy

According to a 1989 national study of functional illiteracy, six of ten 17-year-olds were at risk of experiencing limitations in their employability due to poorly developed reading, writing, and mathematical skills (National Collaboration for Youth, 1989). Seven out of ten high school students have difficulty writing a letter seeking employment or requesting information. One of eight (about 13 percent) 17-year-olds have reading-writing skills below the 6th grade level (functionally illiterate) (Making The Grade: A Report Card On American Youth, 1989).

Illiteracy places youth at risk for a variety of social problems. Sixty-eight percent of youth arrests, 85% of unwed mothers, 75% of welfare recipients, 85% of dropouts, and 72% of the unemployed are functionally illiterate. (Making The Grade: A Report Card On American Youth, 1989.)

Utah’s illiteracy rate is 6.0% which is the best in the nation. The national average is 13% with a range of 6 to 16% (States in Profile, 1991).

#9 Health Insurance for Young Adults

Accessibility to affordable health care is difficult to obtain for young adults between the ages of 19 and 24. Twenty-five percent of this age group have no health insurance as indicated by the Institute of Health Policy Studies at the University of California, San Francisco (McManus, Greaney, & Newacheck, 1989).

A 1984 health study conducted by the U.S. Census Bureau indicated that 60% of young adults with no health insurance could not afford it. With many young adults just getting started in the labor force, health insurance does not appear to be a major priority when they are likely living on a limited income (McManus et al., 1989).

Approximately 10% of Utah’s youth under age 19 have no health insurance. In the 18-22 age groupings, 17% male and 13% female have no health insurance coverage. The most frequently given reason for not having health insurance is not being able to afford the cost (Utah’s Health Status Survey, 1991).

#10 Alcoholism

Nearly one third of American homes have a family member with an alcohol problem. Men, more than women, are likely to have a drinking problem (Federal Register, 1989). Within the United States there are 28 million children of alcoholics, and these children are more likely to be abused physically, emotionally, and sexually than are children of non-alcoholic parents. Children of alcoholics also use more hospital and medical facilities than other children (Public Health Reports, 1988; Finkelhor, 1984).

According to the 1989 Dan Jones Survey of Utah households, 70% of Utahns interviewed indicated they had used or tried alcohol sometime in their life. This is about 20% lower than the nation as a whole. Approximately a third of those interviewed indicated they had used alcohol in the last 20 days. This is about half of the national norm. One in four persons surveyed indicated that alcohol use had been a cause of trouble in their family. (Dan Jones & Associates, 1989.)

#11 Youth Suicide

The youth suicide rate has slowly but gradually risen since the 1950s. This increase is related to: competitive pressure for success, decline of family functioning, and an increased sense of aloneness and depression in our society (Wetzel, 1989).

Suicide is the second most frequent cause of death among persons age 15 to 24. Female youth attempt suicide five times more often than males, but male youth actually commit suicide five times more frequently than females. The contrasts between attempts and completions for males and females are ascribed to more lethal methods employed by males. Estimates suggest that as many as 50% of high school age youth have contemplated suicide, going as far as designing a method of taking their life.

Reports from medical examiners indicate a strong correlation between substance abuse and suicide. Often suicide attempts involve combining alcohol and drugs (National Institute on Drug Abuse, 1989).

Between the years 1985 and 1989, Utah had 140 deaths of youth ages 10-19 attributed to suicide. In Utah, the suicide rate for males is 15.2 per 100,000 as compared to 4.1 for females 10-19 years of age. This reflects a slight, but steady increase (Utah Department of Health, 1991).

#12 AIDS

AIDS has far-reaching consequences for individuals, families, and society. Facts and figures regarding this disease change on a daily basis. As of August 1992, Utah had 550 reported cases of AIDS; the death toll for Utah was at 342. For the United States, the total reported cases as of March 1992 numbered 218,301 with the death toll at 141,223. (Utah Department of Health, 1992.)

Data from one 1990 study indicate that the majority of AIDS cases occur to individuals who voluntarily place themselves at risk for being infected. Among those with the disease, the major proportion were sexually active homosexual and bisexual males (61%). Other percentages from this study include: present and past abusers of intravenous drugs (21%), homosexual and bisexual men who abuse drugs (7%), persons having heterosexual contact with an infected person (5%), individuals who had received infected blood or blood products (2%), and persons with hemophilia or similar disorders comprised 1% of AIDS victims (Center for Disease Control, 1990).

The World Health Organization surmises that 10 to 30 million people have been subjected to the AIDS virus. Nine out of ten individuals exposed are unaware that a danger exists. Between 20% and 30% of those exposed will develop AIDS, and many of those who develop AIDS will likely die within 24 months (Center for Disease Control, 1990; U. S. Department of Health and Human Services, 1987; Surgeon General’s Report, undated).

The increased use of crack-cocaine has been attributed, by health professionals, to the increase AIDS rates in teenagers. Crack houses, which may involve a trade off of drugs for sex, induce a higher likelihood of infection. Crack use in and of itself is correlated with increased promiscuity (Jenson & Warstadt, 1990a).
**#13 Childhood Poverty**

Children are becoming the poorest segment of our population. A total of 12.6 million children lived below the poverty line in 1989. Although female-headed families continue to suffer extraordinary poverty rates, the number of married-couple families with children living in poverty is also increasing, rising 20 percent between 1979 and 1989.

Many single mothers have to pay for child care while they work to support the family. The gap between wages earned and child care expenses is too wide to support the family budget.

High poverty rates go hand-in-hand with single parenthood, and this is particularly true with minorities (Children’s Defense Fund, 1989). Minority status is strongly related to poverty, in that poverty has a larger effect on Black and Hispanic children than on non minority children (Duncan, 1988; United Way of America, 1989).

Increases in child poverty are not exclusively a racial or ethnic problem, however. In the past decade poverty rates for white children have risen by more than one-fourth, placing more than 1.4 million additional white children below the poverty line (Children’s Defense Fund, 1991).

Childhood poverty seems to be no respecter of geographic location. Rates tend to be as high in rural areas as they are in urban areas (Greenstein, 1988; Jensen, 1988).

The percentage of Utah’s children living in poverty has increased from 10.7 percent in 1979 to 12.3 percent in 1989. This rate, however, is considerably lower than the national average. Although Utah has a small minority population, poverty among minority children is much higher than it is among white children. A black child, for example, is three times more likely to be poor than a white child. This trend holds true in all states (Jenson & Warnstad, 1990a).

When looking at Utah data from 1986 to 1990, however, Utah shows a childhood poverty rate that is the third lowest in the nation (Kids Count Data Book, 1992). This is fairly respectable considering Utah has one of the lowest per capita incomes in the nation.

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**#14 Teenage Pregnancy**

Children of teenage mothers are more likely to experience low birth weight, restricted or disadvantaged neighborhoods, accidents, diminished school quality, and single-parent childhood than children of older mothers (Children’s Defense Fund, 1987).

Problems faced by children of unwed mothers may include poorly educated or frequently unemployed parents, and low family income. Families of unwed mothers are also more likely to depend on financial assistance from the government (U. S. Children and Their Families, 1987). Nearly 75% of teen mothers will be assisted by public welfare within four years of the birth of their child. Welfare expenses for teenage motherhood in the U.S. run over $19 billion annually (National Collaboration for Youth, 1989). Sixty percent of women receiving public financial aid in 1986 had a child while they were in their teens (Federal Register, 1989).

Women in their teens who have a child appear more likely than older mothers to experience poverty, inadequate pre-natal attention, and hindered educational attainment (Jenson & Warnstad, 1990a). The results of teen pregnancy among females and their partners are very costly because educational opportunities are hindered and emotional stress and deprivation are more likely.

The number of out-of-wedlock births to teens in America increased 61% between the years 1970 and 1988, with the latter year showing that nearly one fourth of all first births were to teens (State Facts at a Glance, 1991). In 1989, two thirds of all teenage births occurred outside of wedlock, compared to just under one third in 1970 (Facts at a Glance, 1992). It has been predicted that 40% of teens who were over the age of 14 in 1986 would become pregnant at least once prior to their 20th birthday (Federal Register, 1989).

Just over one fifth of all births in 1986 were to unwed mothers, which contain a sizable portion of teens. In 1989, 55% of white teens and 92% of black teens who gave birth were not married (Facts at a Glance, 1992).

Utah teens are considerably less active sexually. This can be seen through the fact that Utah teens have the lowest rate of birth to teen parents and second to the lowest abortion rate in the nation (Kids Count Data Book, 1992). However, Utah does have a high rate of marriage among pregnant teens. This could account for part of the lower rate of teenage unmarried childbirth.

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**References**

- Dan Jones and Associates (1989). Survey Conducted for Utah State Division of Alcoholism and Drugs. Salt Lake City UT.
- Eyre, F. M. (1966). Turn the hearts, turn the minds: Utah’s families now and in the year 2000. [In collaboration with Glen Jensen, Ph.D., Donna Byron, Ph.D., candidates, and H. Wallace Goddard, Ph.D.]. Logan: Utah State University Cooperative Extension Service.

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**#15 Elderly Abuse**

Pillemer and Finkellhor (1988) surveyed a Boston metropolitan area and found that there were 32 maltreated elderly per 1,000 elderly population. If a similar study were replicated on a national basis, it would indicate that nearly one million elderly have been or are being abused. Estimates suggest that 1 out of every 25 elderly Americans is abused annually. Elderly abuse appears to have no economic, racial, or geographical boundaries (United Way of America, 1987). Men show a stronger likelihood than women of being mistreated. Most perpetrators of this abuse are spouses (58%), followed by adult children (24%). Elderly abuse occurs three times more frequently for those living with someone than for those living alone (Pillemer & Finkellhor, 1988). No Utah specific date were found.

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**References**

- Dan Jones and Associates (1989). Survey Conducted for Utah State Division of Alcoholism and Drugs. Salt Lake City UT.
- Eyre, F. M. (1966). Turn the hearts, turn the minds: Utah’s families now and in the year 2000. [In collaboration with Glen Jensen, Ph.D., Donna Byron, Ph.D., candidates, and H. Wallace Goddard, Ph.D.]. Logan: Utah State University Cooperative Extension Service.


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