AOTA’s Societal Statement on Youth Violence

A nationwide crisis related to youth violence has resulted in this being the second-leading cause of death among all youth aged 15 to 24 years and the leading cause of death among African American youth of the same age (U.S. Department of Health and Human Services, 2000). Acts of violence include bullying, verbal threats, physical assault, domestic abuse, and gunfire. Premature death, disability, and academic failure occur due to violent activity that surrounds youth. Risk factors that lead to youth violence include history of being abused or abusing others, school truancy, poor time use, exposure to crime, mental illness, drug and alcohol use, gang involvement, access to guns, and absence of familial and social support structures. Rising health care costs, decreased property values, and social services disruption are indicators of the impact that violence has on the health of communities, as well as on individual participation in society (Centers for Disease Control & Prevention, 2006). Individual participation can be limited by reduced access to services, fear of harm to self or others, and the inability to perform valued roles. The severity of this issue has forced policymakers, health care providers, teachers, parents, and students to recognize, examine, and alter social conditions, cultural influences, and relationships.

The profession of occupational therapy has the societal duty and expertise to respond to youth violence by promoting overall health and well-being among youth (American Occupational Therapy Association, 2006). Occupational therapy practitioners work toward understanding the occupational nature of violence, researching effective interventions, creating collaborations, and advocating for public health and social services for youth. Violence and its antecedents can deprive this growing segment of youth of necessary and meaningful occupations (Whiteford, 2000), leaving them insufficiently prepared for their future. Positive change can occur by providing youth with opportunities to replace poor occupational choices with healthy, safe, productive, and socially acceptable activities (Snyder, Clark, Masunaka-Noriega, & Young, 1998). Ultimately, occupational therapy practitioners provide services that support a vision of social justice, dignity, and social action throughout the life span by addressing the engagement patterns and lifestyle choices of at-risk youth through methods such as effective transition services and life skills remediation.

References


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