

American Medical Association

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Physician Guide to Media Violence

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This guide is not intended to be construed or to serve as a standard of medical care. Standards of medical care are determined on the basis of all the facts and circumstances involved in an individual case and are subject to change as technology advances and patterns of practice evolve. This guide reflects the views of scientific experts and reports in the literature as of July 1996.

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Summary

Television and other forms of visual media play an enormous role in everyday life, particularly in the lives of children and adolescents. While television serves in the education and socialization of children, there are also a number of health problems associated with the excessive watching of television, independent of content. In addition, an extensive body of research amply documents a strong correlation between children's exposure to media violence and a number of behavioral and psychological problems, primarily increased aggressive behavior. The evidence further shows that these problems are caused by the exposure itself. Physicians have important roles to play in diminishing children's involvement with violent media by serving as educators, advisors, and advocates.

Physicians, particularly those who see children, are only too aware of the pervasive effects of television, movies, music videos, and computer and video games on modern life and the concern felt by many over the violent content of these media. There is an established body of evidence documenting the troubling behavioral effects of repeated exposure to media violence. *This is the purpose of this guidebook:* to provide suggestions and options for dealing with violence in the media to protect our children from its notorious and insidious effects. This guidebook mostly addresses television, where the most evidence exists, but other media are implicated as well, and these effects are also reviewed.

This guide offers physicians an overview of the health consequences of such exposure and how to understand the findings in relation to general societal violence, child development, and learning. **The guide then offers specific recommendations about reducing the deleterious effects of media violence for physicians to use themselves as well as to pass on to parents.** Finally, there is a resource list and bibliography that may be useful for physicians, parents, educators, and others seeking further information about this topic.

Background

The Epidemic of Violence

The United States is correctly viewed as being among the most violent countries. For example, US homicide rates far exceed those in any other industrialized country and are in fact two to three times as high as those of the second-highest ranking nation. Among the industrialized countries, the United States has the highest rates of nonfatal serious assaults as well. According to figures from the Department of Justice, more than 10.9 million violent crimes were committed in 1994. The types and extent of this violence are illustrated in Table 1. Homicide rates more than doubled from 1955 to 1992, from 4.5 to

10.0 per 100,000 of the population. Under these circumstances, fear of violence is a common and understandable emotion.

Of particular concern is the extent to which youths perpetrate violence. The homicide rate perpetrated by those younger than 24 years is, like the overall rate, the highest in the world, but it is almost *eight times* as great as the rate in the next highest ranking industrialized country. The fact that crime rates peak in late adolescence has been well known for many years, but the homicide rate by those 18 to 24 years old has increased sharply since 1985, even while age-specific patterns for robbery, also a violent crime, have stayed essentially unchanged; one third of juvenile homicides involved strangers. Violent crime rates among children and younger adolescents have climbed at alarming rates in recent years (126% among those aged 13 to 17 years from 1976 to 1992), a trend that suggests even further escalation in overall rates as these younger offenders age. In addition, certain groups (e.g., adolescents, males, and African-Americans) are at a greater risk than others for being *victims*.

Table 1
Crime Statistics in the United States, 1994

- 2.5 million aggravated assaults
- 6.6 million simple assaults
- 430,000 rapes and sexual assaults
- 23,300 homicides and nonnegligent manslaughters
- physical injury of the victim in 25% of violent crimes
- 51 violent victimizations per 1,000 citizens 12 and older

Violence prevention may be addressed not only by the criminal justice system but also through a public health framework. Mercy and his colleagues (1993) from the Centers for Disease Control and Prevention characterized the public health approach as having three steps: the first step is to obtain better data, from which risk factors can then be identified, and so interventions can be developed, implemented, and evaluated. Like the efforts to decrease motor vehicle injuries, the public health approach to violence is directed at different levels, including educational, regulatory, or legislative elements and technological changes. Not only can such an approach reduce violence, but a recent RAND report suggested that prevention efforts are more cost-effective too.

Violence and the Media

Concerns about the public health impact of violent television emerged relatively soon after its development as an entertainment medium. In 1952, an editorial in *JAMA* raised this topic as a health issue at the same time that the first Congressional hearings on the impact of television on delinquency were occurring. Additional Congressional hearings on the media and violence have been held on a more or less regular basis since then. At its 1976 annual meeting, the American Medical Association (AMA) adopted a policy supporting research on the impact of media violence. Adopted at the same meeting was a resolution that declared the AMA's "recognition of the fact that TV violence is a risk factor threatening the health and welfare of young Americans, indeed our future society." In 1982, the AMA reaffirmed "its vigorous opposition to television violence and its support for efforts designed to increase the awareness of physicians and patients that television violence is a risk factor threatening the health of young people." This policy remains in force.

The Surgeon General, the nation's chief public health officer, approached the issue of television violence with the use of a public health framework in the late 1960s, producing a report in 1972 entitled *Television and Growing Up: The Impact of Televised Violence*. That report concluded that televised violence did indeed affect some children, causing them to become more aggressive than they would be otherwise. A follow-up report from the National Institute of Mental Health in 1982 confirmed these findings and suggested relevant research questions.

Other medical groups, including the American Academy of Pediatrics, the American Psychiatric Association, and the American Academy of Child and Adolescent Psychiatry, have issued policy statements addressing the issue of television violence. The public has heeded the scientific and medical alarms: 91% of adult Americans believe that media violence causes real-life violence, and 54% believe it is a major contributor. The comparable figures for entertainment industry leaders are 87% and 30%, respectively.

No one believes that violence on television or in other media is solely responsible for the high levels of violence in US society. Explanations include both psychosocial and biological causes, which undoubtedly interact with each other in ways not understood. (See Reiss and Roth [1993] for an overview.) Factors contributing to the national problem of violence include poverty, racism, lack of family cohesion, illegal drugs, and unemployment, among others. Traffic in illegal drugs and use of all psychoactive drugs contribute to the nation's high levels of violence, as do expectations of access to material goods and the consumption of those goods—options that are foreclosed for many.

The multiple causes of violence notwithstanding, depictions of violence in the media have unequivocal effects. There are significant correlations between frequent exposure to television violence and aggressive behavior, and the evidence strongly supports the idea that the latter is a consequence of the former.

Research questions now focus on the mechanics and magnitude of the effects of the media's depictions of violence. Which children (and adults) are most likely to adopt attitudes that favor violent resolution to life's problems? Which children and adults become desensitized to the displays of violent behavior? Which children and adults

become frightened or come to see the world as overly dangerous because of media depictions, and what are the implications of such effects for society? What are the specific effects of the different forms of media? These and other research questions remain to be answered, but they certainly need not be fully answered before steps are taken to deal with this issue.

Children and Learning

The influence of television is understandable when we remember how it is that children learn. Since the beginning of humankind, children have learned skills and values by watching others. Babies, for example, develop language by imitating their parents. Children are like sponges in their ability to absorb learning, literally from the moment of birth. With limited experience, they rely on modeling to learn how to function in the world.

Children acquire values in the same manner. By observation, imitation, and trial and error interactions, they gradually learn what is important in life and what is unimportant, what is valued and what isn't. The dramatic play of children is a clear example of this phenomenon at work. Children literally "try out" adult behavior by putting on adult clothes and imitating the behavior they have observed.

Media in Everyday Life

Just as the invention of the printing press in the mid-15th century profoundly changed society and history, so also the phenomenal changes in communications technology of the 20th century are altering society as we approach the millennium. The Industrial Age is quickly giving way to the Information Age. The rapid development of mass media throughout the 20th century has changed the way we live and the way our children learn to spend their time. Perhaps the most revolutionary change for families and children came about with the invention of a very powerful electronic teacher: television.

Television was invented in 1929 but was not mass produced or distributed until after World War II. As early as 1938, however, its potential impact on culture was realized by an insightful observer. E. B. White, author of *Charlotte's Web*, wrote in that year, "I believe television is going to be the test of the modern world, and that in this new opportunity to see beyond the range of our vision we shall discover either a new and unbearable disturbance of the general peace or a saving radiance in the sky. We shall stand or fall by television." With these words, White foresaw the enormous impact television would have on society and culture.

Beginning around 1950, this marvelous technology offered children a whole new cast of models to copy. The rapid growth of this medium was phenomenal. In 1950, only 10% of American families had a television set in their homes. By the end of the decade that percentage had skyrocketed to 90%. Today 99% of American homes have a television set. More families own a television than a telephone. The average American family owns 2.4 sets. Many children in the United States have a television set in their own bedroom, serving for better or worse as a “private tutor.”

Not only is television ubiquitous, but it occupies a very prominent role in children’s lives. The average American child spends approximately 28 hours a week watching television. In a year’s time American school children spend twice as much time watching television as they spend in the classroom. The amount of time spent in front of a television or video screen is the single biggest chunk of time in the waking life of an American child. For many families television is part of the background. The average family in America has the set turned on for 7 hours each day. Sixty percent of families have the TV set on during meal time. Busy parents may use television as a “babysitter.”

There is an inverse correlation between socioeconomic status and the amount of television watched: the lower a family’s income the more television the children in that family are likely to watch. This is not surprising in that families with less money cannot afford alternative activities that cost money. In addition, poor children sometimes live in unsafe neighborhoods where it is not advisable to play outside. Many of these children come home after school and lock the door. The preferred activity for many in this situation is to pass the time by watching television. This is perhaps our most vulnerable and suggestible child population.

Recent decades have brought additional changes. Cable television, videocassette recorders, interactive video games, and personal computers have appeared in more and more homes. These inventions not only have affected the amount of time children spend in front of a screen, but also have made significant changes in what they are watching. Videocassette recorders, for example, let kids watch films and late-night television programming that wasn’t intended for them. Cable television and the Internet have greatly expanded the number of choices and has provided access to “adult entertainment.”

Children now spend more time learning about life through media than in any other manner. Electronic media are prominent teachers of today’s youth as well as being powerfully attractive to them. The combination of visual with auditory input makes television, videos, and video games much more attractive than other media, such as books.

Traditionally, family, religion, and school have been the primary influences on a child’s intellectual, emotional, and moral development. That is no longer the case. In terms of time spent, the biggest influence is now the television set, with growing impact from other media as well. Media researcher George Gerbner has called television our “cultural storyteller.”

The Impact of Media

Positive Effects

Since television is such a powerful teacher, it stands to reason that it should be able to teach positive things and produce beneficial results. This is clearly the case. There is substantial literature demonstrating these effects. In fact, one show, “Sesame Street,” is the most extensively researched program in history. Its producer, Children’s Television Workshop, has tracked hundreds of studies showing its educational benefits.

The potential positive effects of television and videos for children fall into the following categories:

Cognitive Skills. As early as the 1950s and 1960s television was used to teach students of all ages a variety of academic skills. Research shows it can be effective in the development of skills in reading, vocabulary, mathematics, problem solving, and creativity, as programs such as “Sesame Street” and “Mr. Rogers’ Neighborhood” have demonstrated.

Academic Content. Students throughout the last half of the 20th century have benefited from media’s effective presentation of information from many diverse areas of knowledge including history, art, music, science, anthropology, literature, and many others. “Discover” and “The Magic School Bus” are examples.

Prosocial Behavior. A number of studies show that children can learn positive behaviors, such as caring, task persistence, cooperation, empathy, and others from a variety of programs on both public and commercial television.

Nutrition and Health. Television can be a major source of information about a wide range of health-related topics. In addition to the learning that takes place from programs, public service announcements and some advertisements may also be effective in promoting positive health habits.

Social and Political Issues. People today are much better informed about events that shape their society and culture than any in history. That information is delivered not only through news programs but through entertainment productions as well. Dramatic presentations of social issues such as family violence, racial discrimination, and others, raise awareness of these problems and can even spark movements to address them.

Note that many of these positive effects, while bountiful in theory, are actually minimal in practice. Almost all observers have lamented the repeated failure of television to live up to its potential in delivering these benefits. While islands of excellence exist, they float in a broad sea of disappointing and harmful fare.

The rapid proliferation of personal computers has the potential to provide benefits as well. These include the following:

- Computers introduce children to new technology, make them more comfortable using it, and stimulate interest in it.
- This medium provides practice in following directions and problem solving.
- An increase in self-esteem and competence accompanies mastery of a computer game or program.
- Certain games or programs have positive effects on hand-eye coordination as well as fine motor and spatial skills.
- Computers open up vast stores of information to the curious learner. Access to the Internet multiplies this benefit many times over.

General Adverse Effects

The lifestyle aspects of excessive television viewing (or involvement in other media activities) have raised a number of health concerns. First, such activities are inherently sedentary and take time away from more physically active pursuits. Second, these activities may promote undesirable eating habits, eg, snacking on foods with high fat and salt content or simply overeating (which is promoted by television commercials, snack counters at movie theaters, and so on). Third, media activities are often solitary, that is, they reduce meaningful interpersonal contact. Finally, the large amount of time consumed by these activities diminishes time available for other activities, including sleep, homework, reading, socializing, family communication, and so on. Table 2 summarizes some of the health and social concerns regarding excess media activity.

A growing body of evidence supports the idea of increased television viewing as a risk factor for childhood and adolescent obesity. This risk persists even when adjustments are made for other factors such as socioeconomic status, maternal overweight, and ethnicity. One study calculated that 60% of the incidence of overweight in 10- to 15-year olds could be linked to excess television viewing time (greater than 5 hours per day). Television viewing has been implicated in both the onset of new cases of obesity and the lack of remission among already obese children.

Considerable concern has also been expressed about the effects of behavioral messages of commercial and program content directed toward children. Studies suggest that higher rates of television viewing are correlated with increased tobacco usage, increased alcohol intake, and earlier onset of sexual activity. These studies indicate that the television viewing *promotes* these behaviors rather than that the behaviors simply serve as a marker for greater television usage. These observations are consistent with the well-documented tendency of children to imitate behavioral patterns seen on television.

The promotion of sexual behaviors, for example, is troubling because of the ways in which sexuality is depicted on television. The average adolescent is exposed to some 14,000 sex-related references per year. The sexual activity shown is seldom between spouses, rarely demonstrates choosing abstinence over proceeding, infrequently alludes to contraception, and too often contains elements of coercion, degradation, or exploitation. Similar problems exist with the stereotyped or overly negative portrayals of women, minorities, gays and lesbians, and those practicing nonmainstream religions. Finally, the dividing line between program content and commercial messages may be blurred at times, especially in children's programming. This is doubly unfortunate because younger children often lack the ability both to appreciate the purpose of advertising and to distinguish between a program and an advertisement.

Television's relentless focus on consumption, both within programs and through the endless parade of advertising, promotes values of acquisition and entitlement. For those unable to enjoy the lifestyles so depicted, this may lead to feelings of envy, poor self-image, disenfranchisement, and rage. Theft, assault, and even murder have occurred as a result.

Table 2
Potential Adverse Health and Social Consequences
From Excess Media Activity

- increased violent behavior
- obesity
- decreased physical activity and fitness
- increased cholesterol levels
- excess sodium intake
- repetitive strain injury (video, computer games)
- insomnia
- photic seizures in vulnerable individuals
- impaired school performance
- increased use of tobacco and alcohol
- increased sexual activity
- decreased attention span
- decreased family communication
- excess consumer focus (resulting in envy, entitlement, etc)

Adverse Effects of Violent Content

While a small percentage of television programs are produced with the goal of education in mind, that is not the goal of the vast majority. For most programs the goal is to generate profits. *Broadcast television is paid for by advertisers with products and services to sell.* The more people watch certain programs (in other words, the higher the ratings), the more money television companies can charge for commercial time. In the case of pay-cable-channel owners, higher viewership means higher demand, so they can raise subscription fees. Therefore, the goal of television is to capture the public's attention and hold it long enough for advertisers to sell their products.

It's not so easy, however, to catch someone's attention and hold it. It is particularly challenging when the target audience has become increasingly desensitized because of repeated exposure to television programming. The most effective way to grab someone's attention is to stimulate an arousal response. Consequently, television producers try to arouse powerful emotions in viewers to get their attention. Certain things are more reliable at doing that than others. At the top of the list is violence. Violence is highly effective at stimulating an arousal response. Violence is universally understood and appreciated, crossing geographic and cultural borders effectively, a decided benefit for maximally broadening a program's market.

Since the goal is to get viewers' attention, it is not surprising that violence has been a prominent theme in television since its introduction. Many hundreds of studies have addressed the question, "What is the effect of violent entertainment on children?" All sorts of studies have been conducted surveys, content analyses, experiments, epidemiological studies, cross-national studies, and longitudinal studies. While not all of these studies are of equal quality, the sheer magnitude and consistency of findings are impressive. The professional organizations in Table 3 have reviewed the scientific literature and are among those that have gone on record saying that there is overwhelming evidence that violent entertainment is a causal factor in the promotion of violent attitudes and behavior.

The literature is sufficiently large to lend itself to meta-analysis, a set of statistical procedures that permit the inclusion of data across a large number of studies. Media researchers Comstock and Paik have completed such a meta-analysis and reported that there is a clear cause-and-effect relationship between exposure to media violence and aggressive attitudes and behavior. University of Kansas professor Aletha Huston testified before Congress that "virtually all independent scholars agree that there is evidence that TV can cause aggressive behavior."

It is impossible to review so vast a literature in this limited space. This sample of findings is illustrative, not exhaustive:

- In 1992, Brandon Centerwall, MD, MPH, at the University of Washington School of Public Health collected population data for various countries. He discovered that homicide rates doubled within 10 to 15 years after the introduction of television, even though television was introduced at different times at each site he examined. The rapid increase did not begin until television arrived and could not be explained by other social factors.
- A 1986 study examined the changes that took place in a remote Canadian town that acquired television for the first time in 1973.
- This was many years after the rest of the country had television. The behaviors of first and second graders were studied and objectively measured. Rates of hitting, shoving, and biting among these children increased by 160% after 2 years of having television in their homes.
- A 22-year longitudinal study by University of Michigan researchers Leonard Eron, PhD, and L. Rowell Huesmann, PhD, reported a direct correlation in middle-class children between the amount of violent entertainment watched and subsequent aggressive, antisocial behavior. Remarkably, the researchers found that even if a child was not aggressive at 8 years of age but watched substantial amounts of violent television, he had become more aggressive at age 19 years than peers who hadn't watched violent television. Importantly, the children who were more aggressive initially did not select more violent programs than less aggressive children did.

Table 3

National Organizations Concluding That Violent Entertainment Causes Violent Behavior

- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Medical Association
- American Psychiatric Association
- American Psychological Association
- Centers for Disease Control and Prevention
- National Institute of Mental Health
- Surgeon General's Office

- Content analyses of television reveal that the average American child will witness more than *200,000 acts of violence* on television, including *16,000 murders*, before he or she turns 18 years old. Children's TV shows contain about 26 violent acts each hour. During an average prime-time hour there are five violent acts. MTV has at least one occurrence of violence in more than 50% of its videos.
- The recent National Television Violence Study profiled television programs across a broad range of channel types. Fifty-seven percent of *all* shows contained violence, and 66% of *children's* shows contained violence. Of the shows with violence, one third had nine or more violent interactions, and nearly three quarters demonstrated unpunished violence. When a violent interaction occurred, 58% of the time the victim was not shown experiencing any pain.

Although there has been less research on the effects of violence in video games because the technology is new and changing quickly, there is little reason to doubt that findings from other media studies will apply here too. The video game industry is young but is growing very quickly. In 1992 it grossed more than \$5.3 billion dollars. Its market is overwhelmingly youth-oriented. Video games are becoming increasingly realistic thanks to advances in graphics technology. Between 1994 and 1996 the technology advanced from 16 bits to 32 bits to 64 bits. The result is clearer, sharper, and far more realistic screen images.

Many games are produced as tie-ins with popular violent movies. The advertising of these games touts them as both more violent and more lifelike. The ultimate goal is a virtual reality game where the violence is indistinguishable from that of real life. In recent years the top-selling video games have been *Mortal Kombat*, *Mortal Kombat II*, and *Doom*. Each has been increasingly violent. The object of each is not just to kill your opponent, but to master the skills to do it in more vicious ways. These games are particularly reinforcing since users are active rather than passive, and they are rewarded with higher scores for committing more mayhem.

Many movies with notable violent content receive ratings that are intended to keep younger viewers out, but a number of factors militate against this being the case. In the first place, tantalizing advertisements for these movies are shown on television, on billboards, and as previews shown before G-rated movies, making even the youngest child at least aware of the movie if not eager to see it. Second, some parents do not screen movie choices or may even bring young children into movies regardless of ratings or reviews. Third, in many parts of the country, movie theaters are quite lax in "carding" children trying to get into R-rated movies. And finally, such films are quickly released through video stores, which may also rent them to younger children or to older children or adults who then allow children to view the tapes.

In addition, most observers believe that "ratings creep" has affected the assignment of ratings so that each year more violence is allowed to slip into films without bumping a rating from PG (parental guidance suggested) to PG-i 3 (parents strongly cautioned) or

from PG-i 3 to R (restricted to age 17 years or older without accompanying parent or adult guardian). Recent research suggests that some children are more interested in a movie if its rating indicates that it is intended for older children. And unfortunately, more aggressive children are more likely to be attracted by the lure of such off-limits fare.

How does media violence affect the behavior and attitudes of viewers, especially children? The following effects are of the greatest concern:

1. *Imitation of Behavior.* Since young children's primary way of learning is observation and imitation, it is not surprising that research demonstrates that children imitate behavior they see on television, starting as young as 14 months old. While children imitate positive social behavior they see in the media, they also imitate the violent, aggressive behavior. For younger children this imitation includes cartoon or slapstick violence, which they do not differentiate from realistic violence. Programs such as "Power Rangers" and "Teenage Mutant Ninja Turtles" are examples that demonstrate this phenomenon.
2. *Violent Heroes.* Children will emulate and imitate the models with which they are presented. Models they like and whom they find appealing are even more influential. That is why violent heroes are even more harmful to children than violent villains: the television show "Cops" and the *Terminator* movies are examples.
3. *Violence Rewarded.* Violence that is glamorized or shown as successful teaches children that violence is rewarded in our society. This increases the likelihood of their use of the behavior in real life.
4. *Justified Violence.* Violence is more likely to be imitated if it implies the message, "It's okay to resort to violence as long as you think you are in the right." What child doesn't think he or she is right in a conflict situation?
5. *Desensitization.* Repeated exposure to any emotion-provoking stimulus without subsequent consequences leads to desensitization. Constant exposure to media violence blunts the emotional reaction to it over time. Not only is there a decrease in the reaction to violence, but there is also a lack of responsiveness to victims of attacks. A number of studies have demonstrated this effect in adults as well (eg, men become less sensitive to domestic violence victims after watching violent tapes).
6. *Increased Fear.* With the heavy media emphasis on violence, the world looks like a frightening place to the impressionable young viewer. This is particularly a problem for younger children who may have limited capacity to understand that what they are observing is not "real." Gerbner has called this long-term, fear-inducing effect "the mean world syndrome." In addition, exposure to even a single movie, television show, or news story can result in emotional upsets, nightmares, or other sleep problems in many children, particularly younger ones. Fearful children may be more likely to become victims or aggressors.

7. *Increased Appetite for Violence.* The desensitization process described earlier increases the viewer's tolerance of more violence. The more some viewers get, the more they want. Research has shown that "action movie" sequels almost always contain more violence than the original.
8. *Realistic Violence.* Children are more emotionally responsive to programs that portray realistic violence than they are to those that are fictitious. The recent growth in popularity of this type of television show is a source of concern. Graphic or sensationalized portrayals of violence on news shows may produce this responsiveness as much as fictional crime shows. Younger children, of course, may be unable to make this distinction between fantasy and reality.
9. *Culture of Disrespect.* According to psychologist David Walsh, perhaps the most harmful effect of the steady diet of violent entertainment aimed at children is that it has created and nourished a culture of disrespect. Violent behavior itself is the ultimate act of disrespect. For every youngster who picks up a gun and shoots someone, there are many thousands of others who aren't doing that. But they're "dissing" (disrespecting) one another, pushing, shoving, hitting, and kicking with increased frequency. This makes the lines that separate those behaviors easier to cross. The result is that we have redefined how it is that we should treat one another.

Recommendations

General Approaches

About the middle of every decade since the 1950s there has been a hue and cry about the deleterious public health effect of violence in the media. Each time, scientists summarize the mass of confirmatory research findings compiled since the last wave of public concern; politicians and regulators propose new policies to rectify the situation; broadcasters, producers, and moviemakers remind the public about the First Amendment, swear they are only providing people with what they want, since, after all, they watch it, and then vow to be more civic-minded and reduce the violent content of their programming anyway; and the wave of concern ebbs while business goes on pretty much as usual.

Attempts at legislation or more stringent enforcement of regulations designed to reduce the amount, type, and availability of violent media materials have proved repeatedly disappointing. In more recent years, public health efforts have shifted toward public education and increased use of technology. The former has included media literacy campaigns for children and projects designed to encourage increased parental involvement in family media selections. The American Academy of Pediatrics has developed an approach (the Media Resource Team) of working with the entertainment industry to offer script reviews and answer inquiries about the appropriateness of proposed script material for children.

Technological efforts have included, for example, software (Net Nanny, Cyberpatrol, and Surf Watch, among others) designed to screen certain material from being accessed via computer, e.g., attempts to restrict downloading of certain games or images or participation in on-line “chat groups” covering particular topics. This approach is limited by the need for parents to learn about, purchase, and/or utilize such software and the oft-noted ability of children and on-line purveyors to find ways to evade the restrictions imposed by the software.

A similar effort is under way to allow screening of television viewing. The Telecommunications Act of 1996 requires creation of a television ratings system and mandates incorporation into all new televisions specialized electronic circuitry (so-called Vchips). Such circuitry will allow programs with specified ratings, during certain time slots, or from selected stations to be blocked from display. While certainly promising, this effort will of necessity be limited by the quality of the ratings system devised, the time required for these new television sets to replace the stock of chipless ones, and the need for parental awareness, education, involvement, and utilization of the programming system.

The television industry has recently agreed to increased self-regulation and has established a Children’s Television Rating System Implementation Group. This process, modeled some-what after the movie rating system, is expected to have a system in place by 1997. It is worth noting, however, that the television industry proceeded only when faced with the threat of a government-imposed rating system. The movie rating system itself has been found lacking by many (including the American Medical Association), and the task of

devising a meaningful television rating system is felt to be even more complex and daunting. Thus consumers must continue to be vigilant and not rely exclusively on industry assurances or technological aids.

In short, there are no quick fixes looming on the horizon, and this fact underscores the need for physicians to make a contribution.

Suggestions for Physicians

Many physicians are uncomfortable or uncertain about playing a role in the area of media effects on patients. Some physicians are unfamiliar with the literature on this subject or remain unconvinced that it is conclusive or persuasive. Other physicians feel that leisure-time activities are personal choices, that it is the job of parents to make decisions on behalf of their children, or that patients or parents will be offended by physician recommendations. Finally, some physicians may feel “out of touch” about current television shows, music videos, or computer games, and they are reluctant to appear ignorant or old-fashioned in front of younger patients or their parents.

There are, of course, similar physician concerns about a number of public and preventive health issues, such as sexual activity, diet, pregnancy, family violence, and substance abuse (among others). In those areas, physicians try to educate their patients about the current state of knowledge, gaps and all; they often need to ask difficult, intrusive, and potentially embarrassing questions; and they offer advice that might be unwelcome, ill-heeded, or even resented. But they do these things in order to improve the health of patients and families on the basis of scientific knowledge. Few patients are in fact put off by tactfully asked questions expressed in a caring and concerned context, and many patients express appreciation or relief that a doctor broached a topic about which they themselves had unspoken concerns. Examples of some questions the physician can ask are shown in Table 4, comprising what some have called a “media history.”

There are three broad roles that physicians may play in addressing health issues of media with their patients, as educators, as clinicians, and as citizens.

As *educators*, physicians have the opportunity to inform all parents and children old enough to understand about much of the information contained in this guidebook. This allows patients to make more informed choices about the amount and type of television they watch, the need for parental involvement in decisions about movie, music video, and computer and video game content, and the impact of various forms of media on eating habits, physical activity, and family life in general. Physicians should encourage children and parents to increase their general media literacy and promote increased parental involvement in media viewing and playing decisions. Finally, physicians should serve as role models by using television sets in office and clinic waiting rooms for educational purposes only and having media literacy materials available.

Table 4
Taking a Media History

- How do you decide what shows to watch? Movies?
- What are the rules about watching shows or movies?
- How many hours a day do you watch television?
- Is there a limit to how many hours are allowed per day?
- Must any activities be done before television is allowed?
- Who watches the television?
- Where is (are) the television(s)?
- Do you eat meals in front of the television?
- Do you snack while watching? What do you eat?
- How late do you watch television?
- What are the most-watched shows in the house?
- What did you watch yesterday? The day before?
- Are there rules regarding music videos? Video games?
- Do you use Internet-blocking software?

As *clinicians*, physicians have the opportunity to consider the role of media as part of a broader biopsychosocial evaluation when evaluating specific presenting problems. The review for risk factors contributing to a case of childhood obesity could, for example, include asking about the amount of television watched, eating habits while watching the television, and so on. Similarly, in children being evaluated for aggressive, oppositional, or hyperactive behaviors or for nightmares or other sleep complaints, inquiry about the child's violent media-related activities may identify a contributing factor that could be modified as part of a treatment plan.

Finally, as *concerned citizens* physicians should consider involvement in medical organizations and community activities that seek to reduce the public's overutilization of media and/or the amount of violent and other problematic content in media materials. This may include such things as highlighting this topic by speaking at medical meetings, to parent or school groups, or directly to children; joining local "media watch," "media literacy," or other groups (see resource list); or supporting or participating in national organizations that promote these goals. Many physicians have worked with educators or parent groups to advocate the inclusion of media literacy or critical viewing skills in school curricula. Finally, advocacy efforts directed at television producers, broadcasters, advertisers, moviemakers, software manufacturers, music video producers, Congress, or federal regulators may be used to promote more appropriate and less violent media content.

Media Use Suggestions for Parents

1. Be alert to the shows your children see. These suggestions are important for all children, and most important for young children: the younger the child, the more impressionable he or she is.
2. Avoid using television, videos, or video games as a babysitter. It might be convenient for busy parents, but it can begin a pattern of always turning to media for entertainment or diversion. Simply turning the sets off is not nearly as effective as planning some other fun activity with the family.
3. Limit the use of media. Television use must be limited to no more than one or two *quality* hours per day. Set situation limits, too: no television or video games before school, during daytime hours, during meals, or before homework is done.
4. Keep television and video player machines out of your children's bedrooms. Putting them there encourages more viewing and diminishes your ability to monitor their use.
5. Turn the television off during mealtimes. Use this time to catch up and connect with one another.
6. Turn television on only when there is something specific you have decided is worth watching. Don't turn the TV on "to see if there's something on." Decide in advance if a program is worth viewing. Identify high-quality programs, using evaluations of programs in your selection process.
7. Don't make the TV the focal point of the house. Avoid placing the television in the most prominent location in your home. Families watch less television or play fewer videos if the sets are not literally at the center of their lives.
8. Watch what your children are watching. This will allow you to know what they're viewing and will give you an opportunity to discuss it with them. Be active: talk and make connections with your children while the program is on.
9. Be especially careful of viewing just before bedtime. Emotion-invoking images may linger and intrude into sleep.
10. Learn about movies that are playing and the videos available for rental or purchase. Be explicit with children about your guidelines for appropriate movie viewing and review proposed movie choices in advance.
11. Become "media literate." This means learning how to evaluate media offerings critically. First learn yourself and then teach your children. Learn about advertising and teach your children about its influences on the media they use.

12. Limit your own television viewing. Set a good example by your moderation and discrimination in viewing. Be careful when children are around and may observe material from “your” program.
13. **Let your voice be heard.** We all need to raise our voices so that they are heard by program decision makers and sponsors. We need to insist on better programming for our children.

Resources

Action for Children's Television (ACT)

A children's advocacy group that monitors children's television and lobbies for proper attention and concern about children in the development of programming and advertising.
20 University Rd
Cambridge, MA 02138

American Academy of Child and Adolescent Psychiatry (AACAP)

National organization representing psychiatrists who specialize in working with children and adolescents. Produces policies and research reports on media violence. Their Media Committee publishes reviews of children's films.
3615 Wisconsin Ave, NW
Washington, DC 20016
202 966-7300

American Academy of Pediatrics (AAP)

National organization of 50,000 pediatricians with publications and policies related to media violence.
141 Northwest Point Blvd
Elk Grove Village, IL 60009-0927
847 981-7873

Center for Media Education

Dedicated to educating the public about critical media policy issues. Produces *Parents' Guide to Kids' TV*.
1511 K St, NW, Suite 518
Washington, DC 20005
202 628-2554

Center for Media Literacy

Promotes media literacy in schools, churches, and other community programs. Publishes text and media resources to promote media literacy.
4727 Wilshire Blvd, #403
Los Angeles, CA 90010
800 226-9494

Center for Research on the Influence of Television on Children (CRITIC)

A unit within the Department of Human Development at The University of Kansas.
CRITIC publishes scientific and scholarly articles related to television and children.
Department of Human Development
4084 Dole Hall
University of Kansas
Lawrence, KS 66045
913 864-4646

Children Now

Advocates for children, especially those poor and at risk.
1212 Broadway, #530
Oakland, CA 94612
510 763-2444

Children, Youth, and Family Consortium

Dedicated to addressing critical health, education, and social policy concerns that impact children and families.
University of Minnesota
1985 Buford Aye, 12 McNeil Hall
St Paul, MN 55108
612 626-1212

Coalition for Quality Children's Media

Evaluates, endorses, and distributes quality children's video titles.
535 Cordova Rd #456,
Santa Fe, NM 87501
505 989-8076

Entertainment Research Group, Inc

Publishes newsletter describing content of movie and video releases.
PO Box 810608,
Boca Raton, FL 33481
800 322-1296, 407 395-1150

KidsNet

Computerized clearinghouse devoted to children's TV, radio, video
6856 Eastern Aye, NW, Suite 208,
Washington, DC 20012
202 291-1400
kidsnet@ aol.com

Media Education Foundation

Produces educational materials that highlight the role that media play in the lives of Americans.

26 Center St,
Northampton, MA 01060
413 586-4170

MediaScope

Promotes positive social and health messages in mass media via forums, publications, research, serving as an information clearinghouse.

12711 Ventura Blvd, Suite 250,
Studio City, CA 91604
818 508-2080

Movie Violence Task Force of Minneapolis Foundation

A200 Foshay Tower,
821 Marquette Ave
Minneapolis, MN 55402
612 672-3822

National Coalition on Television Violence

33290 W 14-Mile Rd, #498,
West Bloomfield, MI 48322
810 489-3177

National Institute on Media and the Family

Provides and disseminates criteria-based evaluations of media products.

2450 Riverside Ave,
Minneapolis, MN 55454
612 672-5437

National Telemedia Council

Promotes media literacy and critical viewing skills through publications and workshops.

120 E Wilson St
Madison, WI 53703
608 257-7712

Rocky Mountain Media Watch

P0 Box 18858,
Denver, CO 80218
303 832-7558

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