

Current topic

Violence and children

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The media, in its everyday portrayal of the lot of children, suggests that they are often subjected to more and prolonged violence, which is of a greater refinement of cruelty than ever before. The aggression meted to children is a good barometer of the amount in society, and judging by today's events that amount is high. Physical, emotional, and sexual batterings all seem to be escalating. Even the natural events in the world seem to be more violent, with earthquakes, volcanic eruptions, droughts, and starvation abounding. In many ways the world has always been so, but what is new is the ease with which we become acquainted with the problems as soon as they occur. They are seen with a reality that was unthinkable a quarter of a century ago. The scale of violence is now such that many people are very worried by it.

For over a decade a few people have repeatedly said that violence begets violence and that the GIGO (garbage in garbage out) of the computer world is the VIVO (violence in violence out) of the human world. The crimes of today seem to be more bizarre than before and affect not only the very young but also the very old. In the eyes of some of the legal and medical profession there is a clear association between the evil as seen on videos and read in books and the subsequent actions of certain beholders. Not everybody is affected by seeing the extremely violent videos; at the most it would seem to be a minority of the viewers, but the size of the problem is unknown. Society has always had the violent and the perverted within it; what viewing violence seems to do is to provoke and release these tendencies. It lowers the resistance of some who under normal circumstances are able to contain their deep, violent feelings; they then live out what they have seen. The warnings have been given but have passed unheeded until recently.

Factors in the increase in crime rates

The crime rate in the United States of America doubled in the decade after 1958, and in the quarter of a century after 1951 violence against the person

increased by a factor of 10. Two thirds of the burglars in our prisons are under the age of 21—scarcely out of the paediatricians' age group. All the indicators of crime show an increase, which for homicide, rape, robbery, and assault is exponential.¹ There are obviously many factors that affect the behaviours of a society; religion is one, the media is another. Over the last 25 years there has been a decrease in the practice of the former and an increase in the usage of the latter. The American child is said to see 11 000 murders on television before the age of 14 and 7.5 violent episodes per viewing hour.² The British child, by contrast, sees only four violent episodes per viewing hour, and those between the ages of 6 and 11 view for 25 hours each week. An average American adult reads a book for a total of five hours each year.

Video 'nasties'

About two years ago videos with a much higher order of violence began to be imported into the United Kingdom. They became available to all ages. Usually the violence is intimately interwoven with deviant sexual actions and the whole portrayed with such vivid reality as to make the viewer feel part of the scene. Children's nursery rhymes and fairy tale stories down the ages have contained an element of violence, but it is wrapped up in a fantasy that is quite apart from the real child's world and, albeit frightening, can usually be rationalised by the child as pure fantasy. The fairy tale 'baddies' always met their fate due, and good triumphed. In today's video 'nasty' evil triumphs, and of good there is none.

It was the quantum jump in the order of violence and evil that made some parliamentarians establish a parliamentary group inquiry. The report of this group has been published³ but the work started long before parliament placed on the Statute Book the Video Recordings Act, which made it lawful to classify all video tapes, as a first step to protecting families against offensive videos. Paediatricians helped with the questionnaires for the inquiry. I had misgivings initially about the paediatricians' experi-

ences; I thought it most unlikely that more than a few would know anything about these violent videos, despite the fact that the evidence was that a large proportion of their patients were viewing them. The misgivings proved to be ill founded. The survey of paediatricians was concerned only with experiences and opinions. There had to be a start, and this seemed as good a way as any. The 'scientific' way of testing the effect of video nasties on children would be to expose one group to them and perform an observational comparison with controls who had not seen them. No ethical committee nor paediatrician would sanction this. We are in the business of alleviating suffering not administering it.

Paediatricians' responses to the questionnaire on video nasties

Many members of the British Paediatric Association (BPA) were circularised with the questionnaire designed by Lord Swinfen and myself to assess their experience and opinions on the video nasties. We endeavoured to avoid troubling members who were not involved with clinical practice with children or who were concerned with those too young to view the videos. There was a 38% response rate, which compares favourably with the 32% response to the BPA's own request for information about its 1985 Annual Meeting. (Personal communication.) It was surprising that 56% of those who responded had been aware of violent videos being an important factor in children's and adolescents' lives before the survey. Almost a third of the respondents usually or occasionally inquired about whether their patients viewed violent videos. About one in six (14%) of the respondents had been given accounts of at least one patient whose emotional state or behaviour had been influenced by watching violent videos. About 40% of those respondents who inquired about patients' viewing patterns found, however, that the videos had influenced the children's emotional or behavioural state.³

No less than 70% of the paediatricians who responded were of the opinion that the viewing of video nasties was likely never to be helpful, but 4% thought that it could be sometimes helpful. No respondent thought that the video nasties could be often or always helpful. Ninety per cent of the respondents thought that video nasties were likely to be sometimes harmful, but 17% believed that they were always harmful. Less than 1% of the respondents thought that the video nasties were likely to be never harmful.

One half of those respondents who inquired about their patients' viewing patterns and had experience

of violent videos being influential on their patients' symptoms thought that the experience of viewing these violent videos was either occasionally or usually harmful. One respondent thought that viewing violent videos was either occasionally or usually beneficial. The acute symptoms associated with video nasties included nightmares, sleeplessness, and nocturnal enuresis. Two children were noted to regress to a younger behaviour pattern and depression. Fearfulness and anxiety about being left alone were especially common. Sometimes the children seemed to be absolutely terrified. The acute behaviour disorders followed so closely after the viewing of video nasties that they are highly likely to be related.

The long term effects will be difficult to assess because of the intervention of so many other factors in the child's life and the child's personality that makes him want to view this sort of material. One paediatrician commented 'that for most children there are inbuilt defence mechanisms which allow compensation for the input of horror and pornography. However, I think that there are some susceptible children and adults who do not have this facility and who will be permanently damaged'. Intelligence may be a factor that aids the adjustment to the viewing of the violent videos; less intelligent children may not have the same ability to prevent copying the type of abnormal behaviour they see on a film. One doctor had encountered a 19 year old boy who, directly after watching a video at a friend's home, went home and repeated the incident he had seen on the film by raping his 13 year old stepsister. The boy admitted that he had been influenced by the video film he had seen. He had a low intelligence and came from a deprived family background.

The family milieu

Children receive their moral values and attitudes from their family from the early days. Today, many children are brought up in violent homes, amid unimaginable terrors, and often they become desensitised to violence and grow up with the belief that it is the norm. These children may well regard violence as seen in the media and videos as the normal standard of behaviour. Children who are blessed with a peaceful upbringing are at risk of being acutely disturbed by the horror of the video nasties; this group are more likely to receive help from an understanding family and to have the harm mitigated. On the other hand, when children see the violent break up of families with murder on the videos and televisions at a time when they are experiencing the realities of family break up in their own home the damage from the media can drive

them to breaking point. One doctor wrote: 'I am convinced in my mind that watching ordinary violent films on television increases the tendency to violence, depending on home background and the stability and security of the home, together with the parents attitudes'. Another wrote: 'It is the chaotic families, about which we already have grave concern, who are heavy users of videos of all types; such families are unlikely to protect their young children from viewing unsuitable material'. The families who watch violent videos are probably themselves already violent and feed themselves thereon. One doctor wrote: 'Basic common sense would make one guess that the more violence is seen, the more it may be adopted as part of behaviour'. Another wrote: 'Our lives and attitudes are influenced by our experiences and it seems obvious to me that bad experiences will not be beneficial. The viewing of violence, etc., on television, particularly as it is shown in entertainment and not as an example of something to be avoided will, inevitably, have a bad effect on children'.

One of the frightening effects of watching violence on video is that of causing imitative behaviour. One paediatrician encountered children who were playing with drills and pretending to kill one another after watching a video entitled 'Driller killer'. One young man, aged 15, who was described as a 'loner' with reasoning problems, who 'fantasised about violence', read a lot of horror books, and regularly and often watched violent horrific video films, was convicted of murder having repeatedly stabbed an 8 year old boy to death.

Population survey

A survey of 4500 children between the ages of 7 and 16 of both sexes discovered that 45% of the children had seen one or more of the violent, horrific video films.³ One third of all children aged 8 had already seen a video nasty by the age of 10 and half had seen at least one '18' rated adult film. The favourite '18' rated films were concerned with the occult, horror, or pornography. One of the worrying features is that for many children their first introduction to sexual activity is through the scenes of explicit violence, rape, and sexual deviance. As with many undesirable activities boys are more often participants than girls and, furthermore, so are those in urban rather than rural areas. Parents who were described as lenient were more likely to have children who saw the videos than parents who adopted a more active protective role. Ninety per cent of the parents in the sample stated that society

has a duty to help them to protect their children from seeing uncensored video films. One of the very interesting findings was that many parents were quite unaware that their children were seeing video nasties or '18' rated films. This arises because the films are seen in neighbours' homes often as part of an effort to entertain the children. The host parents are apparently unaware of the nature of the films, as most of the material is bland enough and the horrific scenes are of brief duration. One of the undesirable assets of video cassette recordings is that the same piece of film can be replayed often. Some children expressed their appreciation of the fact that they could watch the 'interesting' part of the film several times without having to suffer the rest of the film.

Conclusion

Western society is beginning to appreciate the dangers of propagating the image of violence. The pendulum has begun its return. The awfulness of many crimes against people of all ages, and the demonstration of violence on the streets, is making many people think it is time that children were given a more wholesome milieu within which to grow up. As paediatricians we pay great attention to optimal physical growth and the dietary conditions that determine this. Emotional health also depends on receiving good emotional 'food'. We prevent children from receiving poison by mouth; should we not speak up more against allowing them to receive poison by eye and ear. Many years ago St Paul was far more positive when he wrote: 'Finally brethren whatsoever things are true . . . honest . . . just . . . pure . . . lovely . . . of good report, if there be any virtue, and if there be any praise think on these things.'⁴

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References

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