

DOWNLOAD PDF HOW CAN THE PROBLEMS ASSOCIATED WITH MEDIA VIOLENCE BE REDUCED?

Chapter 1 : Mental illness and violence - Harvard Health

IMPACT. Research has associated exposure to media violence with a variety of physical and mental health problems for children and adolescents, including aggressive and violent behavior, bullying, desensitization to violence, fear, depression, nightmares, and sleep disturbances.

Violence Against Women of Color , 43 Stan. There is often a strong degree of adult ambivalence, as most parents seem unable to cope with choices and the consequences their children make. This ambivalence has a strong effect on young males who perceive any adult intervention as "police power. Also, increased crime rates have caused police to believe they must randomly stop and search young people. Therefore, on a daily basis, young black men are confronted with the assumption that they are bad and dangerous. Adolescent development includes stages of, 1 separating from family, 2 forging a healthy sexual identity, 3 preparing for the future, and 4 forging a moral value system. All of these stages force teenagers to make decisions based on peer pressure. Unfortunately, the adolescents that live in the crime ridden inner-city this peer pressure often leads them to violent activities to survive the actions of their surroundings. I agree with the author as teens are often confronted with multiple authority figures. Often, the reception is negative and condescending as with teachers and police. Since this is such a large developmental stage for fostering independence, more emphasis should be placed on mentoring and encouraging growth. The same authority figures could give positive encouragement and guidance while still maintaining a safe environment for the community. This would foster a healthy sense of support and safety for a class of individuals identified as being at risk. The author illustrates a startling number of statistics regarding violence, injuries, and death. In , statistics from the FBI revealed for young males between the ages of , 4, died of homicide. This worked out to a homicide rate of The homicide rate for young black males in this age bracket was a staggering This makes the homicide rate for young black men seven times more frequent than that for young white males. Also, the homicide rate for young males in the United States was between 4 and 73 times that of any other industrialized nation. It is noted that in the homicides in the United States, firearms were used in three-quarters of those homicides. Most homicide victims are poor. There is a strong social science correlation between poverty and violence. The community health approach to this epidemic of violence must include more than increased police control. This approach must include an approach to change violent behavior. To do this the author suggests strategies to deal with anger and aggressive feelings. She advocates mobilization of the media to carry the message. She also recommends utilizing the physician and the emergency room to network youths at risk into appropriate programs. I agree that an approach to deal with violence must be comprehensive and include multi-disciplines. A mass campaign to combat violence seems idealistic without the support of major community and religious leaders. Therefore, I agree with the principles, but feel the first step must include community "buy-in" from those most able to lend political and financial assistance. The author presents more data to support that young males in poverty are at great risk for dying violent deaths. From to , the CDC reports the murder rates of African-American males between the ages of 15 and 24 rose by 68 percent. Those same rates for young African-American males between the ages of 15 and 19 rose percent! For further statistical information, see <http://> Much of this data was compiled after studying the Henry Morner and Robert Taylor housing projects. Chronic poverty is being passed from generation to generation much like a genetic disease. Much of this chronic poverty is isolated to these inner-city projects. Many rich, poor and middle class lived in the same neighborhoods. After the expansion of legal rights for blacks, many moved out of the inner city to urban or suburban neighborhoods. Combining this factor with single parent families often lead to resentment and anger in young men. Young black males in the impoverished underclass often grow to manhood robbed of their pride and self-esteem. Many sociologists and public health officials are investigating the effects of the "socio-economic underclass. She places more emphasis on poverty and the effects of parental involvement. I agree this is a starting point for action. However, it is much more difficult for society to make effective

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changes in economics and internal family structure. Public health officials need to investigate the issue of violence from a holistic perspective instead of primarily race or economically bound. This school based program focuses on violence prevention in school age boys. The goal is to decrease violent episodes by teaching conflict resolution. The model utilizes the development of student leadership skills and building self-esteem. Statistics indicate there has been a 50 percent increase in mortality in the urban pediatric population but no significant change for suburban and national pediatric populations. Violence among African-American children has increased percent. The program utilizes violence prevention in the form of conflict resolution to early school age children. The program is a four-stage implementation presented by the school nurses. The author introduces the information in a structured, easy to read manner. The program appears to be both cost-effective and comprehensive. My primary concern is the lack of adequate evaluation of the program effectiveness. No data is provided regarding pre and post survey of violence. Kenneth Tardiff, et al. Statistical information is presented reflecting incidence of morbidity and mortality related to violence. Since violence has become the most important public health issue today, health care providers are becoming vocal regarding the need to address the issue. The results reveal males outnumbered females, six to one. The age group was most affected but followed closely by the age group. African-Americans comprised 48 percent of the murders and Latinos comprised 38 percent. Whites only counted for 10 percent of all murders. Fifty percent of all homicide in the home was related to firearms. The conclusion demonstrated that further evaluation is needed to explore the association between substance abuse, firearms and any increased risk. This article further supports data from the CDC regarding the alarming increase in deaths to minorities; especially African-Americans. It was informative and correlative between homicides and multiple risk factors. A good overview of the information was presented. This program was designed to utilize the public health model and aimed at enhancing adolescent self-esteem. The feeling was that self-esteem building would reduce the tendency to engage in violent activities. The study incorporated both cognitive and behavioral strategies, which included problem solving skills, communication skills, and social skills. A multidisciplinary approach included health care personnel, social workers, and legal professionals. The end results exhibited a decline in aggressive behavior; however, there was no significant improvement in student self-esteem. In my opinion, the results of the research do appear to indicate that positive mentoring and role models combined with skill building on aggression control will have a significant impact on decreasing adolescent violence. It is discouraging that these same strategies did not have an affect on self-esteem. The training may decrease aggressive behavior to others, but may not effect the overall poor self-image many of these teenagers hold. Further studies of this nature must be performed for these results to be entirely conclusive. Mercy, Violence In America: The authors again cite alarming statistics that in homicide was the twelfth leading cause of death overall in the United States. It was the leading cause of death for black men ages Statistical compilation has indicated that structural issues increasing violence include poverty, racial segregation and racism, social isolation, drug and alcohol consumption, increased media violence, and decreased belief of social control. This includes decreasing media participation and public acceptance of violence as an appropriate manner to settle disputes. Improvement should also include police to social service inter-referral. Attempts should continue to implement citizen police groups. There is also a great need to improve access to legal services and ensure once access is instituted, it is completed. The authors suggest intense strategies to reduce the danger of injuries from firearms. Structural accommodations in neighborhoods to decrease risk of violence such as well-lighted neighborhoods and decent housing for all families are imperative. This article stresses several areas of injury prevention, which gain little attention. I feel acknowledgment by Dr. Rosenberg of the need for many of these implementations indicates that the CDC is finally aware that there are many other factors influencing violence other than poverty and racial factors. Sheley and Victoria E. Statistics from the CDC were revealed regarding youth, violence, and death. The study revealed that in this test group, one in five students admitted to carrying a weapon for any of the above-cited reasons. Comparatively, the study evaluated a similar control group in Seattle with similar ethnic backgrounds. The authors can only speculate as to the difference in weapon

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possession between the two groups. Further research is needed to correlate their hypothesis. I found the article to be informative yet leaves the reader with unclear data. Even though empiric methodology was utilized, the end results to the study appear to employ speculation.

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Chapter 2 : 24 ways to reduce crime in the world's most violent cities | Working in development | The C

The frequency of movie violence and murder rates were correlated in the mid 20th century, but not earlier or later in the period studied. "By the latter 20th century movie violence [was] associated with reduced societal violence in the form of homicides.

Swanson Find articles by Jeffrey W. Elizabeth McGinty Find articles by E. This article has been cited by other articles in PMC. Abstract Purpose This article describes epidemiologic evidence concerning risk of gun violence and suicide linked to psychiatric disorders, in contrast to media-fueled public perceptions of the dangerousness of mentally ill individuals, and evaluates effectiveness of policies and laws designed to prevent firearms injury and mortality associated with serious mental illnesses and substance use disorders. Selected policies and laws designed to reduce gun violence in relation to mental illness are critically evaluated; evidence-based policy recommendations are presented. Results Media accounts of mass shootings by disturbed individuals galvanize public attention and reinforce popular belief that mental illness often results in violence. Epidemiologic studies show that the large majority of people with serious mental illnesses are never violent. However, mental illness is strongly associated with increased risk of suicide, which accounts for over half of US firearms-related fatalities. Conclusions Policymaking at the interface of gun violence prevention and mental illness should be based on epidemiologic data concerning risk to improve the effectiveness, feasibility, and fairness of policy initiatives. Mental illness, Psychiatric disorder, Guns, Firearms, Violence, Suicide, Policy, Law, Stigma, Risk The massacre of schoolchildren in Newtown, Connecticut, in late stirred a wrenching national conversation at the intersection of guns, mental illness, safety, and civil rights. In the glare of sustained media attention and heightened public concern over mass shootings, it seemed that policymakers had a rare window of opportunity to enact meaningful reforms to reduce gun violence in America. And yet, the precise course of action was far from clear; competing ideas about the nature and causes of the problem—and thus, what to do about it—collided in the public square. On the one side, public health experts focused on the broader complex problem of firearms-related injury and mortality in the United States, where each year approximately 32,000 people are killed with guns—about 19,000 of them by their own hand—and another 74,000 are injured in nonfatal gunshot incidents [1]. These experts recommended a range of prevention policies including universal background checks for gun purchasers, a ban on military-style assault weapons and high-capacity ammunition magazines, and a crackdown on gun trafficking, through increased enforcement and penalties and loosened evidentiary standards for prosecuting individuals charged with illegal gun sales [2]. On the other side, the National Rifle Association, which arguably wields far greater influence over national firearms policy than public opinion does [3], laid the blame for mass shootings on untreated mental illness—rather than unregulated guns—and proposed the creation of a national database of persons with mental illness [4]. For their part, mental health stakeholders encountered a painful dilemma. But mental health experts and consumer advocates strongly rejected what they saw as the scapegoating of people with mental illnesses—the vast majority of whom, epidemiologic data shows, will never act violently toward others—as if people with mental health disorders were somehow responsible for gun violence in general. What is the role of epidemiologic evidence in such a moment? Can epidemiology help policymakers craft firearms restrictions and provisions that will more effectively prevent gun violence, while at the same time protecting the rights of law-abiding gun owners as well as people recovering from mental illnesses? In this article, we describe available evidence—of what the public believes and what science has learned—about the risk of gun violence among people with mental health disorders. We discuss the complex and contested link between mental illness and violent behavior in general, and with respect to gun violence in particular; the role of other intertwined risk factors for violence, such as substance abuse, violent victimization, and neighborhood and social disadvantage; the role of suicide in gun fatalities and the role of mental illness in suicide; and the effectiveness of interventions and emerging policies to prevent violence in people with mental illness. Finally,

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we offer principles to guide future policymaking at the interface of gun violence prevention and population mental health, based on epidemiologic data concerning individual risk, and with the goal of improving the effectiveness, feasibility, and fairness of policy initiatives. Public perceptions of the relationship between mental illness and violence Negative public attitudes toward persons with serious mental illnesses such as schizophrenia and bipolar disorder are pervasive and persistent in the United States, and the assumption of dangerousness is a key element of this negative stereotype [5,8]. Data from the General Social Survey suggest that Americans perceive persons with schizophrenia as particularly dangerous: The public perception of a strong link between mental illness and violence is fueled in part by news coverage of mass shootings and other violent events. Two studies have directly linked news media coverage of high-profile acts of violence by persons with serious mental illness to negative public attitudes toward this group. First, in a study using national survey data from the former West Germany, Angermeyer and Matschinger [9] found that public desire for social distance from persons with schizophrenia increased after two highly publicized violent attacks on politicians by individuals who had been diagnosed with schizophrenia. Second, in a study using a national US sample, participants were randomly assigned to read a news story about a mass shooting reportedly committed by a man with mental illness or were assigned to a control group who did not read any news story [10]. Compared with the control group, participants who read the news story about a mass shooting reported significantly higher perceived dangerousness of, and desired social distance from, people with serious mental illness in general. Public perceptions and attitudes toward persons with mental illness are important to public policy, because people act on the basis of their beliefs, and they tend to support policies that assume those beliefs and perceptions to be true. Thus, if members of the general public largely believe that people with mental illnesses are dangerous and pose a threat to their personal safety, the public will also be more likely to support policies and laws that restrict the liberties of people with mental illnesses [11] –irrespective of whether those policies are necessarily effective and fair. But what does the epidemiologic evidence actually show about the link between violence and serious mental health disorders? Epidemiologic evidence on the relationship between mental illness and violence Before the s, empirical evidence of the relationship between violence and mental illness derived largely from clinical forensic studies and small surveys of highly selected populations—research that either examined violent behavior among hospitalized psychiatric patients or psychopathology among incarcerated violent offenders [12]. Neither kind of study was designed to answer the basic epidemiologic question of whether violence was actually more prevalent among people with mental illness in the community compared with the general population, or whether mental illness per se caused community violence—because the study populations were already distilled for violence risk and thus not representative. In , the first large epidemiologic study was published that reported the prevalence of any minor or serious violent behavior in adults with and without diagnosable psychiatric disorders in randomly selected community household samples irrespective of treatment [12,13]. The National Institute of Mental Health Epidemiologic Catchment Area ECA study measured violence using an index of survey questions that asked about the occurrence of specific physically assaultive behaviors such as hitting with a fist, pushing, shoving, kicking or throwing things at another person, or using a weapon to harm or threaten another person. Specific mental disorders were defined using Diagnostic and Statistical Manual-III criteria [14] as elicited from a lay-administered structured diagnostic interview. The study collected data on a variety of social and demographic characteristics including socioeconomic status, making it possible to estimate the net relationship between mental illness and violent behavior in the population, using multivariate statistical analyses to control for covarying risk factors. The study also assessed alcohol and illicit drug use and dependence disorder, making it possible to examine the relationship of substance abuse comorbidity to violence risk among people with mental illness living in the community. Attributable risk takes into account both the magnitude of risk and the number of people in the risk category within the population [13]. The ECA study also found a substantially increased risk of violent behavior within particular demographic subgroups of participants—specifically, younger individuals, males, those of lower socioeconomic status, and those having

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problems involving alcohol or illicit drug use; these risk factors were statistically predictive of violence in people with or without mental illness [13]. The ECA study thus debunked claims on both extremes of the debate about violence and mental illness—from the stigma-busting advocates on the one side who insisted that mental illness had no intrinsic significant connection to violence at all, and from the fearmongers on the other side who asserted that the mentally ill are a dangerous menace and should be locked up; both views were wrong. The facts showed that people with serious mental illnesses are, indeed, somewhat more likely to commit violent acts than people who are not mentally ill, but the large majority are not violent toward others. Moreover, when persons with mental illness do behavior violently, it is often—although not always—for the same reasons that non-mentally ill people engage in violent behavior. In short, violence is a complex societal problem that is caused, more often than not, by other things besides mental illness. Suicide or self-inflicted harm, is strongly related to mental illness, as will be discussed later in the article. After the ECA report, several other notable studies were conducted in the United States examining violent behavior in psychiatric patients. The best known of these is the MacArthur Violence Risk Assessment Study MVRAS [15], which followed up a cohort of more than discharged psychiatric inpatients over 1 year in the mids and used self- and family-report interviews to measure violent outcomes. The MVRAS found that substance abuse comorbidity was responsible for much of the violence in discharged psychiatric patients; indeed, patients who had only mental illness—that is, without substance abuse—had no higher risk of violent behavior than their neighbors in the community, persons selected at random from the same census tracts in which the patients resided. The National Epidemiologic Survey on Alcohol and Related Conditions study found lower rates of violence than the ECA study did due in part to some sampling and methodological differences between the studies, but reported the same general pattern: Those with cooccurring substance use disorder and serious mental illness had a higher rate of violence. The inclusion of demographic risk factors in the prediction calculus would improve its accuracy, just as it would for those in the general population without mental illness. A series of population studies from Nordic countries [17,18] and Australia [19] also confirmed that there is a modest but significant link between mental disorders and violence in the community. The landmark Dunedin birth cohort study reported similar findings using more sensitive measures of exposure and outcome [20]. At least 20 studies have examined violence in patients with schizophrenia spectrum disorders in various clinical and community settings. A meta-analysis of this literature reported that the risk of violence was on average three to five times higher for men with schizophrenia, and four to 13 times higher for women with schizophrenia, compared with their counterparts without schizophrenia in the general population [21]. Odds are substantially higher when homicide is considered as the violence outcome, and for any violence in studies comparing first-episode psychosis patients to population controls. The overall risk increase for violence is similar in bipolar disorder, where a recent meta-analysis synthesized nine studies and reported increased odds of violent outcomes in bipolar patients in the range of 3: Other disorders with increased risks compared with population controls are traumatic brain injury [23], personality disorders [24], learning disability or mental retardation [25] and depression [19,20]. Two diagnoses appear to have higher odds of violence than most psychiatric disorders, substance abuse with odds of 7–9 [21] and antisocial personality disorder [24]. Studies that have examined the prevalence of violence in psychiatric patients vary widely and systematically by the clinical setting in which the studies are conducted [27]. Violence risk in people experiencing a first episode of psychosis is of concern, because these tend to be young adults whose symptoms may go untreated for an extended period before contact with a mental health treatment provider who could intervene; firearms restriction regimes based on background checks of records also will not find them.

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Chapter 3 : Prevention|School Violence|Youth Violence|Violence Prevention|Injury Center|CDC

Other research has found that exposure to media violence can desensitize people to violence in the real world and that, for some people, watching violence in the media becomes enjoyable and does not result in the anxious arousal that would be expected from seeing such imagery.

Violent media and real-world behavior: Historical data and recent trends By Devon Maylie The relationship between violent media and real-world violence has been the subject of extensive debate and considerable academic research , yet the core question is far from answered. Do violent games and movies encourage more violence, less, or is there no effect? Complicating matters is what seems like a simultaneous rise in onscreen mayhem and the number of bloody events in our streets – according to a report from the FBI, between and there were an average of But as has long been observed, any correlation is not necessarily causation. While Adam Lanza and James Holmes – respectively, the perpetrators of the Newtown and Aurora mass shootings – both played violent video games , so do millions of law-abiding Americans. A study in *Psychology of Popular Media Culture* found no evidence of an association between violent crime and video game sales and the release dates of popular violent video games. The research, by Christopher J. Ferguson of Stetson University, had two parts: The first measured the frequency and graphicness of violence in movies between and and compared it to homicide rates, median household income, policing, population density, youth population and GDP over the same period. The second part looked at the correlation between the consumption of violent video games and youth behavior from to Overall, no evidence was found to support the conclusion that media violence and societal violence are meaningfully correlated. Across the 20th century the frequency of movie violence followed a rough U-pattern: It was common in the s, then declined before rising again in the latter part of the 20th century. This appears to correspond to the period of the Motion Picture Production Code known as the Hays Code , in force from to the late s. The frequency of movie violence and murder rates were correlated in the mid-century, but not earlier or later in the period studied. Further, the correlation between movie and societal violence was reduced when policing or real GDP were controlled. The second part of the study found that for the years to , the consumption of violent video games was inversely related to youth violence. Youth violence decreased during the year study period despite high levels of media violence in society. However, the study period is relatively short, the researcher cautioned, and therefore results could be imperfect. February 18, We welcome feedback. Please contact us [here](#).

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Chapter 4 : TV Violence and Children

The media who market the violent television, video games and other forms of entertainment argue this is safe entertainment and the others argue that violence promotes violence Current research tends to agree with the proponents who argue that violent media is associated with aggressive behavior.

Bandura presented children with an Aggressive Model: In addition, verbal comments were made in relation. The findings of this experiment suggest that children tended to model the behavior they witnessed in the video. This has been often taken to imply that children may imitate aggressive behaviors witnessed in media. Gauntlett, on several grounds. First, it is difficult to generalize from aggression toward a bo-bo doll which is intended to be hit to person-on-person violence. Secondly, it may be possible that the children were motivated simply to please the experimenter rather than to be aggressive. In other words, the children may have viewed the videos as instructions, rather than incentives to feel more aggressive. Third, in a latter study Bandura included a condition in which the adult model was punished for hitting the bo-bo doll by himself being physically punished. Specifically the adult was pushed down in the video by the experimenter and hit with a newspaper while being berated. This actual person-on-person violence actually decreased aggressive acts in the children, probably due to vicarious reinforcement. The concept of desensitization has particularly gotten much interest from the scholarly community and general public. It is theorized that with repeated exposure to media violence, a psychological saturation or emotional adjustment takes place such that initial levels of anxiety and disgust diminish or weaken. They were then asked to watch a minute video of real life violence. However the degree to which the simulation was "believable" to the participants, or to which the participants may have responded to "demand characteristics" is unclear see criticisms below. Nonetheless, social cognitive theory was arguably the most dominant paradigm of media violence effects for many years, although it has come under recent criticism e. Freedman, ; Savage, Recent scholarship has suggested that social cognitive theories of aggression are outdated and should be retired. The catalyst model is a new theory and has not been tested extensively. According to the catalyst model, violence arises from a combination of genetic and early social influences family and peers in particular. According to this model, media violence is explicitly considered a weak causal influence. Specific violent acts are "catalyzed" by stressful environment circumstances, with less stress required to catalyze violence in individuals with greater violence predisposition. Some early work has supported this view e. Recent research with inmates has, likewise, provided support for the catalyst model. Moral panic theory[edit] A final theory relevant to this area is the moral panic. Elucidated largely by David Gauntlett , [9] this theory postulates that concerns about new media are historical and cyclical. In this view, a society forms a predetermined negative belief about a new mediumâ€”typically not used by the elder and more powerful members of the society. Research studies and positions taken by scholars and politicians tend to confirm the pre-existing belief, rather than dispassionately observe and evaluate the issue. Eventually the panic dies out after several years or decades, but ultimately resurfaces when yet another new medium is introduced. Criticisms[edit] Although organizations such as the American Academy of Pediatrics and the American Psychological Association have suggested that thousands according to the AAP of studies have been conducted confirming this link, others have argued that this information is incorrect. Rather, only about two hundred studies confirmed by meta-analyses such as Paik and Comstock, have been conducted in peer-reviewed scientific journals on television, film, music and video game violence effects. Critics argue that about half find some link between media and subsequent aggression but not violent crime , whereas the other half do not find a link between consuming violent media and subsequent aggression of any kind. Traditionally, researchers have selected one violent game and one non-violent game, yet shown little consideration of the potentially different responses to these games as a result of differences in other game characteristics e. Failure to acknowledge the role of social contexts in which media violence is experienced. Within theoretical models explaining the influence of violent video game exposure on aggressive

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attitudes and behaviour, no acknowledgement is made towards understanding the influence of social gaming experiences and contexts on these outcomes. Existing theoretical models assume that the outcomes of gaming are equivalent, regardless of these different contexts. This is a key limitation of current theory within media violence research. Failure to employ standardized, reliable and valid measures of aggression and media violence exposure. Although measurement of psychological variables is always tricky at best, it is generally accepted that measurement techniques should be standardized, reliable and valid, as demonstrated empirically. However, some scholars argue that the measurement tools involved are often unstandardized, sloppily employed and fail to report reliability coefficients. Examples include the "Competitive Reaction Time Test" in which participants believe that they are punishing an opponent for losing in a reaction time test by subjecting the opponent to noise blasts or electric shocks. There is no standardized way of employing this task, raising the possibility that authors may manipulate the results to support their conclusions. Without a standardized way of employing and measuring aggression using this task, there is no way of knowing whether the results reported are a valid measure of aggression, or were selected from among the possible alternatives simply because they produced positive findings where other alternatives did not. Ferguson and Kilburn, in a paper in *Journal of Pediatrics*, have found that poorly standardized and validated measures of aggression tend to produce higher effects than well validated aggression measures. Failure to report negative findings. Some scholars contend that many of the articles that purport positive findings regarding a link between media violence and subsequent aggression, on a closer read, actually have negative or inconclusive results. Had a statistical adjustment known as a Bonferroni correction been properly employed, that fourth finding also would have been insignificant. This issue of selective reporting differs from the "file drawer" effect in which journals fail to publish articles with negative findings. Rather, this is due to authors finding a "mixed bag" of results and discussing only the supportive findings and ignoring the negative findings within a single manuscript. The problem of non-reporting of non-significant findings the so-called "file cabinet effect" is a problem throughout all areas of science but may be a particular issue for publicized areas such as media violence. Failure to account for "third" variables. Some scholars contend that media violence studies regularly fail to account for other variables such as genetics, personality and exposure to family violence that may explain both why some people become violent and why those same people may choose to expose themselves to violent media. Failure to adequately define "aggression. The main concern of critics has been the issue of the external validity of experimental measures of aggression. The validity of the concept of aggression itself, however, is rarely questioned. Highly detailed taxonomies of different forms of aggression do exist. Whether researchers agree on the particular terminology used to indicate the particular sub-types of aggression i. However many of these operational definitions of aggression are specifically criticized. Many experimental measures of aggression are rather questionable i. Other studies fail to differentiate between "aggression" aimed at causing harm to another person, and "aggressive play" in which two individuals usually children may pretend to engage in aggressive behavior, but do so consensually for the purpose of mutual enjoyment. Goldstein Small "effects" sizes. In the research world, the meaning of "statistical significance" can be ambiguous. A measure of effect size can aid in the interpretation of statistical significance. Most of these studies however did not actually measure aggression against another person. Paik and Comstock note that when aggression toward another person, and particularly actual violent crime is considered, the relationship between media violence and these outcomes is near zero. Effects can vary according to their size for example the effects of eating bananas on your mood could very well be "statistically significant" but would be tiny, almost imperceptible, whereas the effect of a death in the immediate family would also be "statistically significant" but obviously much larger. Media violence studies usually produce very small, transient effects that do not translate into large effects in the real world. Media violence researchers often defend this by stating that many medical studies also produce small effects although as Block and Crain, note, these researchers may have miscalculated the effect sizes from medical research. Media violence rates are not correlated with violent crime rates. One limitation of theories linking media violence to societal violence is that media

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violence which appears to have been consistently and unfailingly on the rise since the s should be correlated with violent crime which has been cycling up and down throughout human history. By discussing only the data from the s through the s, media violence researchers create the illusion that there is a correlation, when in fact there is not. Large spikes in violent crime in the United States occurred without associated media violence spikes during the s when records were first kept and s. The homicide rate in the United States has never been higher than during the s. Similarly, this theory fails to explain why violent crime rates including among juveniles dramatically fell in the mid s and have stayed low, during a time when media violence has continued to increase, and saw the addition of violent video games. Lastly media violence researchers can not explain why many countries with media violence rates similar to or equal to the U. Media violence on TV is a reflection of the level of violence that occurs in the real world. Many TV programmers argue that their shows just mirror the violence that goes on in the real world. Art imitates modes of life, not the other way around: To a large degree, this is because European and Australian scholars, in particular, recognise that the relationship between media and culture is a great deal more complex than is often conceded by psychological and communications research in North America. There is a recognition that culture is critical to our understanding of these complexities, and that there are no clear causal relations between culture, media, politics and human violence. They simply work in complicated ways through and upon one another through social interactions and history. In a typical study, children or young adults are randomly assigned to different media conditions and then are observed when given an opportunity to be aggressive. Researchers who argue for causal effects have defended their work that is based on well-established methodological and statistical theory and on empirical data. It may be that both sides of the debate are highlighting separate findings that are most favorable to their own "cause". These variables are known as "third variables" and if found, would probably be mediator variables which differ from moderator variables. For instance, some scholars contend that trait aggressiveness has been demonstrated to moderate media violence effects Bushman , although in some studies "trait aggression" does appear to account for any link between media violence exposure and aggression. Researchers use random assignment to attempt to neutralize the effects of what commonly are cited as third variables i. Because experimental designs employ random assignment to conditions, the effect of such attributive variables on experimental results is assumed to be random not systematic. However, the same can not be said for correlational studies, and failure to control for such variables in correlational studies limits the interpretation of such studies. Often, something as simple as gender proves capable of "mediating" media violence effects. Regarding aggression, the problem may have less to do with the definition of aggression, but rather how aggression is measured in studies, and how aggression and violent crime are used interchangeably in the public eye. Much of the debate on this issue seems to revolve around ambiguity regarding what is considered a "small" effect. The interpretation of effect size in both medical and social science remains in its infancy. More recently, media violence researchers who argue for causal effects have acknowledged that societal media consumption and violent crime rates are not well associated, but claim that this is likely due to other variables that are poorly understood. Researchers who argue for causal effects argue that the discrepancy of violent acts seen on TV compared to that in the real world are huge. One study looked at the frequency of crimes occurring in the real world compared with the frequency of crimes occurring in the following reality-based TV programs: The types of crimes were divided into two categories, violent crimes and non-violent crimes. Some previous research linked boxing matches to homicides [17] although other researchers consider such linkages to be reminiscent of ecological fallacies e. Much more research is required to actually establish any causal effects. Freedman, ; Olson, ; Savage, have pointed out that as media content has increased in violence in the past few decades, violent crimes among youth have declined rapidly.

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Chapter 5 : Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to po

In a Policy Statement on Media Violence, the American Academy of Pediatrics said, "Extensive research evidence indicates that media violence can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed." 3.

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Violence is not a single kind of activity, but rather a socially defined category of activities that share some common features. This article presents a social perspective on violence that calls attention to the meanings of violence and to other social factors that promote and support or, alternatively, oppose and restrict violence. Implications for prevention and intervention are examined. Electronic mail may be sent via Internet to blume oakland. Violence is a social phenomenon. For an action to be considered violent, it needs a victim or a group of victims. The interpersonal nature of violence seems to call for explanations or understandings that also are interpersonal. Rather than look inside the perpetrator for the causes of violence, social perspectives look in the social situation for factors that may explain why violence is not universal but instead varies in frequency and intensity. The social question is not, "Why does violence occur? Rather, this review is intended to help prevent violence by contributing to the understandings of the social influences contributing to violence. Individuals can be in the same place or be exposed to the same events electronically, or they can use a symbolic means to communicate their experiences to others. It is the combined experiences of many individuals, shared in these ways, that makes up a culture, a society, or a family. Within cultures, societies, and families, shared experiences are organized into categories of events referred to variously as concepts, constructs, and schemas. The social construction of reality occurs naturally at an informal level. An older person is jostled by a group of young people, returns to his or her peers, and talks about how and where it occurred, about who was present and how the bystanders responded, and about the characteristics of the assailants, etc. As such accounts are shared, a social group builds a model of common experience in which the personal experience becomes universal and members of the group see each other and their social world in similar ways. It is not only the "victim" who participates in constructing such accounts; the "aggressor" as well relives the experience with others who see the event in similar ways e. In many cases, the account works to justify further or increased violence Staub, In the formal process of theory-building, scholars also attempt to understand and to explain social phenomena. Scholars are expected to recognize the limitations of their shared experience, rather than to generalize their conclusions to all people and all situations. Scholars are also expected to be careful and methodical about their ways of gathering and handling information. Theorists may organize events sequentially, looking at the causal factors and consequences of violence, or they may organize events into abstractionsâ€”such as levels of violence or forces acting on individuals to create violence. As opposed to popular accounts, formal theories are supposed to undergo a rigorous examination to determine their validity their faithfulness to the data and their usefulness. Quite different theories may each be useful in different ways, and each may also be valid as it describes a part of the whole experience. Some social theorists have attempted to create "metatheories" that incorporate and reconcile a number of more limited, specific theories. The social approach to violence includes both formal and informal understandings. What these understandings have in common is their emphasis on the commonâ€”rather than the individualâ€”experience. Because of this emphasis on shared experience in social groupings, social theories are most useful in suggesting ways in which behavior change can be accomplished by addressing social phenomena rather than by attempting to alter the individual. In the past, some violent acts were integrated into society by either justifying the violent actions or by attributing the actions to individual psychopathology. In the family environment, the violent male was seen as enforcing a natural rule that men should direct the activities of their wives and children. Violence in a political contextâ€”war and revolutionâ€”was seen as the inevitable outcome when opposing

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rulers struggled over resources or when an oppressed people attempted to free themselves. When the actions of an individual or a group of individuals were too hard to justify, societies protected themselves by judging the offenders to be different from other people. Over the years, such individuals were viewed as possessed by devils, suffering from brain fever, mentally retarded, or having missing out on emotional connections with other humans. There are continuing debates about whether or not society has actually become more violent. Warr, Popular accounts describe a changed world—one in which the idyllic community of the past has given way to a violent society characterized by drug wars, sexual assaults on children, robbery and killing on neighborhood streets, and violence in school corridors. Some scholars challenge these accounts, suggesting that the peaceful community—if it ever existed—was not as prevalent in Western societies as in various tribal or indigenous societies. Knauft, Social harmony, then, is only one kind of social experience: According to this view, the myth of harmonious, loving families participating in a society which offered freedom from pain, oppression, and want was perpetuated by a small group of the elite who controlled public images. People whose lives did not conform to the myth lived "on the other side of the tracks" and their social experience—one in which family beatings, assaults in public places, starvation and sexual exploitation were common—was not shared with the larger society. The myth has been exposed as modern transportation and modern communication have eliminated social barriers, making violence visible. Marr, Not so long ago in the U. Such behavior was considered acceptable because it was believed that women were intensely ambivalent about sex and therefore the man was doing the woman a favor. Changing social assumptions, especially an increased concern with the psychological effects of involuntary sexual activity, have gradually led to an environment in which more and more people agree that marital rape is a form of violence. Attitudes toward corporal punishment of children are beginning to change in the same way. e. Despite the possible challenges to such perceptions, it remains likely that violence levels in the U. Public attitudes demonstrate high anxiety about violence, leading to changes in lifestyles and even place of residence. Warr, Formal theorizing about violence should both assist in understanding any changes and help to guide efforts to reduce levels of violence.

Social Theories Social theories of violence can be grouped into several categories; only a few of these categories will be reviewed in this paper. The reader will detect some overlapping concepts, and indeed some theories include essentially the same elements—differing only in the ways in which the elements are seen as interacting. Various lists of functional requisites have appeared over the years. The following examples serve to illustrate the approach.

Social and political change. Families, communities, and nations often evolve in ways that benefit some of their members and work to the disadvantage of others. Societies have created a variety of mechanisms including elections, courts, and mediation with the intent of facilitating change and eliminating injustice. But such mechanisms have their limitations. For example, courts create a need for either education or money to guarantee a fair hearing of a grievance. Violence is often explained as the only alternative for individuals and groups who do not see a nonviolent way to break out of a position of disadvantage. In this case, violence is seen as a natural response when a social hierarchy is threatened. The Watergate incident and the highly publicized beating of Rodney King brought out viewpoints of this kind; many people did not doubt that official misconduct had occurred, but they considered such tactics as necessary if society was to be defended against internal disruption or external attack. Children must be taught the expectations of their social group and must be helped to acquire the skills and understandings to take their place in the group. Violence may result when children do not acquire necessary skills to handle interpersonal relationships, to manage their own lives, and to become economically self-sufficient. Effective socialization requires more than just the presence of adults who can teach skills. Farrington, for example, found deficiencies in the parenting experiences of violent adolescents; their childhood was characterized by harsh discipline, lack of nurturance, and poor supervision. Since there can be no such thing as a stress-free society, every social group must manage stress; companionship, play, and sex are among the aspects of social life that can serve a stress management function. Linsky, Bachman, and Straus documented a connection between stress levels and levels of violence. Conflict theorists suggest that conflict is a positive force in society and

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that human groups must handle conflicts in productive ways. Sprey described the informal mechanisms that traditional community and family structures offered for the management of conflict. Neighborhoods also offered ready access to concerned others who could assist with a family or other dispute. Lacking the support of concerned others, disputants may use violence in an attempt to achieve resolution. Social control is another essential function; a society needs ways to ensure that its members do not harm each other. Violence, from this perspective, demonstrates failures in the control process. Research supports this theory: Shaw and McKay identified a high correlation between ethnic heterogeneity, low socioeconomic status, residential mobility, and delinquency. They theorized that neighborhoods lacking stable, cohesive networks of informal social control experience more problems with youth gangs and violence. Formal social control also is associated with violence; Wilson has pointed out that law enforcement is inconsistent in "ecological niches" characterized by drug sales and high crime. Functional analysis has identified many factors that may help to explain contemporary violence. Many people consider violence to be a necessity that comes into play when the various mechanisms of society do not address social needs. High stress levels, rapid technological, social, and economic change, and conflict between social groups make sense as contributors to violence. These understandings of violence have the advantage of leading directly to action; if a society knows what is broken, it can organize attempts to fix it. On the other hand, a functionalist approach can point to so many possible areas of change that the result is essentially a "laundry list" of problems and proposed solutions. The theory does not explain how to set priorities or coordinate interventions. Constructionist theories of violence focus on discourse themes—shared meanings—that either justify violent acts or else redefine violence so that it is acceptable behavior. Three such discourse themes will be examined here. Gender and family violence. Violence is strongly associated with gender; males not only commit more violent acts, they also are the primary consumers of entertainment with violent themes Kruttschnitt, Anecdotal evidence seems to support this idea. Boys differentiate themselves from girls with shared play themes of fighting monsters and evildoers. Elementary school boys make threats, deride weaker boys, and encourage aggressors. In this male social reality, the person who can be victimized deserves it; being dominated in any way is a source of humiliation. For the young male, winning is the only thing that is important. Young men also typically become interested in girls and sex; sexual success is valued by the male peer group. But girls, despite their presumed inferiority, control access to this valued activity and the young male is in danger of being dominated. The male solution to this dilemma is coercion. Caring, on the other hand, is a job to be left to the specialists: Love is seen as a sign of weakness, a sure way of being distracted from the fight. Bull Meachum, the Marine fighter pilot depicted in the film *The Great Santini*, gradually taught his son that no matter how much it hurts, he must become tough and distant so that he can take over the role of protecting his loved ones.

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Chapter 6 : Violence and the African-American Community

Finally, there is no one solution to the problem of media violence in our time. But there are many steps that each of us can take, wherever we are, to reduce the amount and impact of violent entertainment in our lives and in the lives of children.

Societal Level Strategies School violence can be prevented. Research shows that prevention efforts “ by teachers, administrators, parents, community members, and even students ” can reduce violence and improve the overall school environment. No one factor in isolation causes school violence, so stopping school violence involves using multiple prevention strategies that address the many individual, relationship, community, and societal factors that influence the likelihood of violence. Prevention efforts should ultimately reduce risk factors and promote protective factors at these multiple levels of influence. Public health approaches focus on preventing violence before it starts and have been shown to effectively reduce school and youth violence. One strategy for addressing these individual risks are universal, school-based violence prevention programs, which have been proven to reduce rates of aggression and violent behavior among students. Several strategies to enhance these relationships have been found to be effective in reducing violence. Some school-based programs also help students know how to appropriately and safely intervene to stop an escalating violent episode between peers. Many school-based programs and policies are also effective in helping teachers build healthy relationships, model nonviolent attitudes and behaviors, and contribute to a broader positive school climate, which in turn lowers the risk for school violence. Prevention approaches that involve the family, especially those that start early, can have substantial, long-term effects in reducing violent behavior. Schools can take numerous steps to improve school connectedness in order to promote learning and to reduce negative outcomes, such as violence. In addition to the social environment of a school, research suggests that the physical environment can influence fear and safety. The characteristics of the community surrounding schools also influence the likelihood of school violence. By making changes in communities, school violence can decrease. Some effective community level strategies include providing youth with more structured and supervised afterschool opportunities, such as mentoring programs or recreational activities, in order to increase monitoring and healthy skill development of youth. By creating the conditions and systems to put evidence-based violence prevention approaches in place, violence experienced by school-aged youth can be decreased. Addressing social norms about the acceptability of violence in schools and ensuring that educational systems promote strong educational growth for all students are additional strategies. Impacts of metal detector use in schools: *Journal of School Health* ;81 Centers for Disease Control and Prevention. The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior: A systematic meta-review of evaluations of youth violence prevention programs: *Common and divergent findings from 25 years of meta-analyses and systematic reviews. Aggression and Violent Behavior* ; 17 Centers for Disease Control and Prevention; Department of Health and Human Services; Using environmental design to prevent school violence [cited Apr 10].

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Chapter 7 : Does Social Media Perpetuate Youth Violence? - Michigan Youth Violence Prevention Center

The World Health Organization has defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community.

Of course, this week observers in business and technology fields got a good look at how social media can also go bad. Challenges in small business social media are inevitable. Social media tools can build your brand. But, they can also tear you down. There are many uncertainties too. Below are 10 troubles with small business social media and how to set them right. The owners are counting on social media exposure to make their new hotel a tourist destination. Using small business social media brings its own challenges of turning clicks into customers and this one old fashioned business is focusing on creating a distinct social media voice to meet that challenge. How does he do it? On a recent visit to Australia, Rubin spoke to a journalist about the secret to his success. He claims there are no tricks to his trade: But only 31 percent of consumers are making use of them. Experts say the problem is outreach. Businesses must work harder to go to the social networks their customers use. They must engage as they would with any other communications tool. Making yourself heard above all the other social messages out there is difficult. The question becomes how to cut through all this noise to reach your customers. Small business owners should seek out areas where potential customers regularly communicate. Small business social media takes time. That usually means time taken away from something else equally important. A professional management company gives 10 suggestions that will allow you to get the benefits you need from social media while effectively managing the time required. Still, every small business is different. But the majority of companies surveyed say they will increase spending on technology this year. That includes small business social media. Social media requires an investment. It also offers a return: But having someone dedicated to the task is important. Experts say one option is delegating social media chores within your company. Make it the responsibility of the advertising or public relations team, for example. The fiasco lead to the dismissal of Richards and an employee at another software company. The firings have also drawn criticisms highlighting the need for a better social media policy at the company to prevent future incidents. You may worry time spent on social media will distract your team from other important things. Your website needs SEO, for example. Follow these 5 social media marketing tips to boost your SEO.

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Chapter 8 : Violence in the Media and Entertainment (Position Paper)

Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media.

January, Multiple interacting factors contribute to violent behavior. Public opinion surveys suggest that many people think mental illness and violence go hand in hand. In fact, research suggests that this public perception does not reflect reality. Most individuals with psychiatric disorders are not violent. Although a subset of people with psychiatric disorders commit assaults and violent crimes, findings have been inconsistent about how much mental illness contributes to this behavior and how much substance abuse and other factors do. An ongoing problem in the scientific literature is that studies have used different methods to assess rates of violence – both in people with mental illness and in control groups used for comparison. Such studies may underestimate rates of violence for several reasons. Participants may forget what they did in the past, or may be embarrassed about or unwilling to admit to violent behavior. Other studies have compared data from the criminal justice system, such as arrest rates among people with mental illness and those without. But these studies, by definition involving a subset of people, may also misstate rates of violence in the community. Finally, some studies have not controlled for the multiple variables beyond substance abuse that contribute to violent behavior whether an individual is mentally ill or not, such as poverty, family history, personal adversity or stress, and so on. The MacArthur Violence Risk Assessment Study was one of the first to address the design flaws of earlier research by using three sources of information to assess rates of violence. The investigators interviewed participants multiple times, to assess self-reported violence on an ongoing basis. Finally, the researchers also checked arrest and hospitalization records. This confirmed other research that substance abuse is a key contributor to violent behavior. But when the investigators probed further, comparing rates of violence in one area in Pittsburgh in order to control for environmental factors as well as substance use, they found no significant difference in the rates of violence among people with mental illness and other people living in the same neighborhood. In other words, after controlling for substance use, rates of violence reported in the study may reflect factors common to a particular neighborhood rather than the symptoms of a psychiatric disorder. Several studies that have compared large numbers of people with psychiatric disorders with peers in the general population have added to the literature by carefully controlling for multiple factors that contribute to violence. In two of the best designed studies, investigators from the University of Oxford analyzed data from a Swedish registry of hospital admissions and criminal convictions. In Sweden, every individual has a unique personal identification number that allowed the investigators to determine how many people with mental illness were convicted of crimes and then compare them with a matched group of controls. In separate studies, the investigators found that people with bipolar disorder or schizophrenia were more likely – to a modest but statistically significant degree – to commit assaults or other violent crimes when compared with people in the general population. Differences in the rates of violence narrowed, however, when the researchers compared patients with bipolar disorder or schizophrenia with their unaffected siblings. This suggested that shared genetic vulnerability or common elements of social environment, such as poverty and early exposure to violence, were at least partially responsible for violent behavior. However, rates of violence increased dramatically in those with a dual diagnosis see "Rates of violence compared". Taken together with the MacArthur study, these papers have painted a more complex picture about mental illness and violence. They suggest that violence by people with mental illness – like aggression in the general population – stems from multiple overlapping factors interacting in complex ways. These include family history, personal stressors such as divorce or bereavement, and socioeconomic factors such as poverty and homelessness. Substance abuse is often tightly woven into this fabric, making it hard to tease apart the influence of other less obvious factors. Rates of violence compared Percentage of people convicted of at least one violent crime, –

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Source: Fazel S, et al. Journal of the American Medical Association. Percentage of people convicted of at least one violent crime, 1991-2000. Source: Archives of General Psychiatry. Assessing risk of violence Highly publicized acts of violence by people with mental illness affect more than public perception. Clinicians are under pressure to assess their patients for potential to act in a violent way. Although it is possible to make a general assessment of relative risk, it is impossible to predict an individual, specific act of violence, given that such acts tend to occur when the perpetrator is highly emotional. During a clinical session, the same person may be guarded, less emotional, and even thoughtful, thereby masking any signs of violent intent. And even when the patient explicitly expresses intent to harm someone else, the relative risk for acting on that plan is still significantly influenced by the following life circumstances and clinical factors. Individuals who have been arrested or acted violently in the past are more likely than others to become violent again. Much of the research suggests that this factor may be the largest single predictor of future violence. What these studies cannot reveal, however, is whether past violence was due to mental illness or some of the other factors explored below. Patients with a dual diagnosis are more likely than patients with a psychiatric disorder alone to become violent, so a comprehensive assessment includes questions about substance use in addition to asking about symptoms of a psychiatric disorder. In people with psychiatric disorders, substance abuse may exacerbate symptoms such as paranoia, grandiosity, or hostility. Patients who abuse drugs or alcohol are also less likely to adhere to treatment for a mental illness, and that can worsen psychiatric symptoms. Another theory, however, is that substance abuse may be masking, or entwined with, other risk factors for violence. A survey of 1, patients with schizophrenia participating in the Clinical Antipsychotic Trials of Intervention Effectiveness CATIE study, for example, found that substance abuse and dependence increased risk of self-reported violent behavior fourfold. But when the researchers adjusted for other factors, such as psychotic symptoms and conduct disorder during childhood, the impact of substance use was no longer significant. Borderline personality disorder, antisocial personality disorder, conduct disorder, and other personality disorders often manifest in aggression or violence. When a personality disorder occurs in conjunction with another psychiatric disorder, the combination may also increase risk of violent behavior as suggested by the CATIE study, above. Patients with paranoid delusions, command hallucinations, and florid psychotic thoughts may be more likely to become violent than other patients. Young people are more likely than older adults to act violently. In addition, men are more likely than women to act violently. People who are poor or homeless, or otherwise have a low socioeconomic status, are more likely than others to become violent. Personal stress, crisis, or loss. People who were victims of violent crime in the past year are also more likely to assault someone. The risk of violence rises with exposure to aggressive family fights during childhood, physical abuse by a parent, or having a parent with a criminal record. Preventing violence The research suggests that adequate treatment of mental illness and substance abuse may help reduce rates of violence. For example, in one study, the CATIE investigators analyzed rates of violence in patients who had earlier been randomly assigned to antipsychotic treatment. This study found that most patients with schizophrenia who took antipsychotics as prescribed were less likely to be violent than those who did not. An exception to this general trend occurred in participants who were diagnosed with a conduct disorder during childhood. No medication proved better than the others in reducing rates of violence, but this study excluded clozapine Clozaril. This is important because both the CATIE investigators and other researchers cite evidence that clozapine appears more effective than other psychotics in reducing aggressive behavior in patients with schizophrenia and other psychotic disorders. One study found, for example, that patients with a diagnosis of schizophrenia or another psychotic disorder who were treated with clozapine had significantly lower arrest rates than those taking other drugs. The study was not designed to determine whether this was due to the drug itself or the fact that clozapine treatment requires frequent follow-ups that might encourage patients to continue taking it as prescribed. Indeed, as with psychiatric treatment in general, medication treatment alone is unlikely to reduce risk of violence in people with mental illness. Interventions ideally should be long-term and include a range of psychosocial approaches, including cognitive behavioral therapy, conflict management, and substance abuse

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treatment. Of course, this sort of ideal treatment may be increasingly difficult to achieve in the real world, given reductions in reimbursements for mental health services, ever-shorter hospital stays, poor discharge planning, fragmented care in the community, and lack of options for patients with a dual diagnosis. The Schizophrenia Patient Outcomes Research Team PORT guidelines, for example, outlined the type of multimodal treatment necessary to increase chances of full recovery. Most patients with schizophrenia do not receive the kind of care outlined in the PORT recommendations. Solutions to these challenges will arise not from clinicians, but from policy makers. Volavka J, et al. For more references, please see [www](#).

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Chapter 9 : Reduce Crime and Violence Associated with the Drug War

Purpose. This article describes epidemiologic evidence concerning risk of gun violence and suicide linked to psychiatric disorders, in contrast to media-fueled public perceptions of the dangerousness of mentally ill individuals, and evaluates effectiveness of policies and laws designed to prevent firearms injury and mortality associated with serious mental illnesses and substance use disorders.

Among Americans aged 15 to 34 years, two of the top three causes of death are homicide and suicide. In recent years, this has meant that 88 people die each day from firearm-related homicides, suicides, and unintentional deaths. Further, the number of nonfatal injuries due to firearms is more than double the number of deaths. Research suggests that the time they spend interacting with various media surpasses all other activities except sleep. At the same time, media consumption through mobile devices and the Internet is increasing in every age group. Since then, various government agencies and organizations have examined the relationship. These include increases in aggressive behavior, desensitization to violence, bullying, fear, depression, nightmares and sleep disturbances. Television An average American youth will witness , violent acts on television before age Overall, weapons appear on prime time television an average of nine times each hour. Watching Saturday morning cartoons used to be a common aspect of American life. Now, networks feature cartoons continuously. Studies analyzing the content of popular cartoons noted that they contain 20 to 25 violent acts per hour, which is about six times as many as prime time programs. Studies have shown the average time spent playing to be around 13 hours per week. These interactive games also reward players for successful violent behavior. Studies have shown that the general effects of violence may be more profound when children play these interactive games than when they watch violence in a more passive manner, such as when watching television. Children 8 to 18 years of age have been found to listen to at least two and a half hours of music a day. One study by the American Psychological Association APA found a correlation between violent lyrics, and aggressive thoughts and emotions, but not actions. Content analysis has shown that in music videos more than 80 percent of violence is perpetrated by attractive people, and that it depicts acts of violence mainly against women and minorities. Additionally, artistic features and editing may juxtapose violence with beautiful scenery, potentially linking it to pleasurable or pleasing experiences. They also found viewers to be more likely to accept the use of violence, to accept violence against women, and to commit violent or aggressive acts themselves. They note that the amount of gun violence in top grossing PG films has more than tripled since the introduction of the rating in Many of these media platforms feature entertainment that contains significant doses of violence, and portrays sexual and interpersonal aggression. Multiple studies have shown a strong association, and suspicion or suggestion of causality between exposure to violence in the media, and aggressive or violent behavior in viewers. This is a serious public health issue that should concern all family physicians. What Can Family Physicians Do 1. Consider discussing media use during well-child visits Ask at least two media-related questions: Question patients about excessive exposure to media violence. If you identify heavy use more than 2 hours daily , take additional history of aggressive behaviors, sleep problems, fears, and depression. Children under two years of age should be discouraged from watching television. Incorporate warnings about the health risks of violent media consumption into the well-child visit. Encourage parents and caregivers to monitor content. Parental monitoring has been shown to have protective effects on several academic, social and physical outcomes, including aggressive behaviors. Encourage parents to discuss the content of television, films, video games, music videos, and the Internet with their children and make comparisons to real-life situations and consequences. Consider and discuss movie and video game ratings and labels with parents to set expectations and guide choice of content. Although film ratings and advisory labels can help parents decide on programs to be avoided, there are two major problems with relying on this system. Counsel parents and caregivers to limit exposure duration Exposure can be limited by removing televisions, video games, computers, and Internet connection from the bedroom. Limit screen time

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to no more than two hours a day. Use technology that locks certain channels or turns off the computer or television after a certain amount of time. Clinical environment Limit video and television use in waiting rooms. Provide only nonviolent media choices in outpatient waiting rooms and inpatient settings. Provide books, toys, and other alternative activities for patients who are waiting. Promote Media Education In addition to limiting exposure to violent media, educational efforts should be developed to help children understand the divide between real and fictionalized violence. Such media literacy programs have been shown to be effective, both in limiting the negative effects of media, as well as in exploring the potential positive social uses of media. Advise adults to watch with their children, and help them process media violence. Taping programs beforehand enables pausing for discussion or processing. Support the development of media education programs that focus on demystifying and processing media violence. Emphasis should be placed on the inappropriate and unrealistic nature of violence on television and films, and the consequences, responsibility, and complexity involved with true violence. Support and Engage in Professional Education Become familiar with the research of trends of media use, and the effects of medial violence on patients. Disseminate this knowledge via teaching at medical schools, residencies, grand rounds, and via community-based lectures. Request, attend, or create CME. Partner with families and community-based organizations to demand that media producers limit the amount and type of violence portrayed in mass media. Advocate for research funding to continue studying this topic. Advocate for enhancements to media rating systems to enable parents and caregivers to guide their children to make healthy media choices. References World Health Organization. Accessed July 10, Centers for Disease Control and Prevention. National vital statistics reports; vol. National Center for Health Statistics. Accessed June 30, Protect children instead of guns, Accessed June 18, Weinberger SE, et al. Firearm-related injury and death in the United States: A Kaiser Family Foundation Study. Accessed March 29, American Academy of Pediatrics. Council on Communications and Media. Children, adolescents, and the media. Where different age groups tend to spend their time online. Television and growing up: Report to the Surgeon General. Department of Health and Human Services. National Institute of Mental Health. Ten years of scientific progress and implications for the eighties. American Academy of Pediatrics, et al. Joint statement on the impact of entertainment violence on children, Congressional Public Health Summit. Critical Incidence Response Group. National Center for the Analysis of Violent Crime. Anderson CA, et al. The influence of media violence on youth. Psychol Sci Public Interest. In the matter of violent television programming and its impact on children. Media Violence and Children: A Complete Guide for Parents and Professionals. Coker TR, et al. Media violence exposure and physical aggression in fifth-grade children. Ybarra ML, et al. Linkages between Internet and other media violence with seriously violent behavior by youth. Handbook of Children and the Media. Strasburger VC, et al. Children, adolescents, and the media in the 21st century. National television violence study. Leung LR, et al. Huesmann LR, et al. J Pers Soc Psychol. Greitemeyer Y, Mugge DO. Video games do affect social outcomes: Pers Soc Psychol Bull. Playing violent video games and desensitization to violence.