Survey of the Opinion of Child and Adolescent Psychiatrists on the Viewing of Violent Videos by Children

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'Violence viewing and aggressive behaviour clearly are positively related, not just in our culture but in other western cultures as well. The weight of evidence strongly suggests that observational learning and attitude change induced by television violence are contributing to the positive relation'.[1]

A recent review of research indicates that television must be considered as a contributor to aggressive behaviour in children, as well as other factors.[2] In England and Wales a survey was carried out of the opinion of consultant and senior registrar child and adolescent psychiatrists regarding the effect of the influx of violent videos upon their patients;[3] this is a new social phenomenon, only having occurred in the 1980s with increasing ownership of video cassette recorders (VCRs). By 1983, 30.1 per cent of the population of England and Wales had a VCR at home, but 40.9 per cent of children nationally had a VCR in their home, suggesting that VCRs were often purchased to entertain children and that they were more likely to be bought by young adults with families.[4] The highest ownership of VCRs tended to be in the south-east of England in large conurbations, and especially in the more prosperous commuter belts of such conurbations. Most people who own VCRs are members of a shop record library or video club. However, 80 per cent of children aged from 7 to 16 in a national survey had seen videos outside their own home.

By the middle of 1982 the police had become aware of violent horror films freely available on cassette to children. By the summer of 1983 there were 32 such 'video nasties', according to Scotland Yard's Vice Squad and officers from the Obscene Publications Departments of provincial forces. This 'Director of Public Prosecutions List' included those video films found obscene under the Obscene Publications Act 1959, or currently the subject of legal proceedings, or being considered for prosecution by the DPP. By January 1984 the DPP's list had increased to 51 videos. These violent videos were defined as 'those feature films that contain scenes of such violence and sadism involving either human beings or animals that they would not be granted a certificate by British Board of Film Censors for general release for public exhibition in Britain'[4]—that is, they were more extreme than films receiving an '18' designation.

The content and nature of violent videos are quite unlike gruesome nursery stories and other similar material, as these videos purport to show real people carrying out real acts in often realistic circumstances; material is not presented as fantasy. There is identification of the viewer with the perpetrator of the act and not with the victim. There is concentration of interest (with slowing down of the action, focus shots and so on) upon violence and a glorification of destructive and obscene acts. Typically, violent videos show the eventual triumph of the violent figure and there is no retribution.

The report on children's viewing patterns and parental attitudes in England and Wales was based on a survey of 4,500 children in carefully selected schools throughout England and Wales to give adequate representation of different elements within the total population of children of both sexes between the ages of 7 and 16. Two thousand five hundred parents of these children were also surveyed. At the time of this survey in mid-1983, 45 per cent of children aged 7 to 16 had seen one or more violent videos as defined above; 50.7 per cent of boys and 41.7 per cent of girls. Half of all children with a VCR at home had seen one or more violent videos and 60 per cent of those children watching videos at a friend's or relative's house had seen a violent video; of these, 34 per cent had seen four or more. When the attitudes of parents were assessed, children of more 'lenient' parents had seen more violent videos than those of 'protective' parents. Whilst the large majority of parents wished to exercise control over their children's viewing, and 90 per cent of parents think that society has a duty to help protect children from violent videos, many parents were unaware that *their* children had been seeing video nasties of '18' rated films. The conclusion was that any film available for home viewing may be seen by a significant number of children of all ages.

In October 1983 members of the working party of a Parliamentary Group Video Enquiry, under the Chairmanship of Lord Swinfen, approached the authors because of the increasing number of anecdotal accounts of children's behaviour being disturbed following the viewing of violent videos. There was virtually no information on the effects of such material on children; the long-term effects could not be known as the tapes themselves were such a recent phenomenon; there were only single case accounts of short-term effects. A survey of the opinion of child and adolescent psychiatrists was proposed by the Research Committee of the College in December 1983, accepted by Council in January 1984, and a questionnaire was sent out by the officers of the Child and Adolescent Psychiatry section in April 1984. A further circulation of the questionnaire was posted in October 1984. It was necessary to have a rapid response on these questions as the information was relevant for a Private Member's Bill in the 1983/84 Parliamentary Session.

The Royal College of Psychiatrists is quite often asked to comment on behalf of psychiatry to the Government, the press, or other concerned bodies on relevant matters. An immediate response may sometimes be called upon, perhaps for a parliamentary question, and is answered by a delegated officer of the College. A longer term response may be required for a detailed question, for example the use and practice of ECT, and for such an enquiry a more detailed research project is appropriate.[5] However, there is an urgency of response to an enquiry intermediate between these two, where perhaps information is required within three to six

https://doi.org/10.1192/S0140078900026183 Published online by Cambridge University Press

months of the request. The College has not in the past had a mechanism for obtaining this type of information from relevant parts of the College membership; the present enquiry came into this category.

There were very considerable problems in carrying out research into the effects of viewing violent videos. Results were needed rapidly to inform Parliament. It was clearly impossible to carry out any direct measurements of the effects of such material on children in a controlled trial, as such research could not be justified ethically either by the researcher or by an Ethical Committee. The very large financial interests involved in the industry had already blurred previous research in this area and the research was clearly politically sensitive.

The *opinions* of child and adolescent psychiatrists were sought because direct effects of viewing could not be measured. For this reason the observation of relevant groups of people and the experiences and consequent behaviour of children were thought to be useful. Child and adolescent psychiatrists are trained to elicit the emotional state and psychological attitudes of their patients, to assess symptoms and to evaluate the social and environmental situation of the individual, including ascertaining the effects of stress, life changes and other current experience. They regularly ask their patients about the influences upon them. The patients of child and adolescent psychiatrists may be expected to be abnormally vulnerable to such influences because children are more susceptible than adults, those who are already emotionally disturbed may be considered more susceptible to the consequences of violence, and such patients could have been expected to be heavier viewers of videos because of the social isolation of the family units and their own inadequate social skills resulting in a greater degree of solitariness. An opinion survey was considered to be a more representative and powerful method of expressing the views of child psychiatrists than the adversarial method of demonstrating expert opinion favoured by the courts.

Method

Enquiry was made of child and adolescent psychiatrists by postal circulation of a questionnaire to all members of the Child and Adolescent Section of the Royal College of Psychiatrists concerning their opinion and experience of the short-term effects of violent videos upon their patients. The target group of the enquiry was consultants and senior registrars wholly in child and adolescent psychiatric practice, but as this information is not recorded on the College register it was necessary to circulate the whole section. There are no centralized figures for the number of specialist CAPs in areas of Britain outside England and Wales, and for this reason, and also to maintain parity with the Children's National Viewers Survey, consultant and senior registrar psychiatrists in England and Wales only formed the target group.

The following questions were asked of consultants or senior registrars in child and/or adolescent psychiatry:

1. Have you enquired whether your patients have ever viewed, or view regularly, violent videos?
2. In the last year, have you received any accounts from a patient about a violent video being influential on his/her emotional state of behaviour?
3. Have you thought there was *any* association between children's or adolescent's descriptions of their symptoms and their viewing violent videos? If so, (a) did you think the symptoms were precipitated by videos; (b) did you think existing symptoms were altered by violent videos?
4. In your opinion, from your experience, has the effect on patients of viewing violent videos been usually beneficial or reassuring/occasionally beneficial or reassuring/usually harmful or disturbing/occasionally harmful or disturbing/neither beneficial nor harmful/other (please specify).
5. Have you ever found a patient who has shown a reduction in violent behaviour following viewing violent videos?
6. Had you considered that video violence was a factor in children's lives prior to this survey? If so, for how long?

With the questionnaire, descriptions of the ten most popular violent videos on the DPP's list were also sent.

All 1,048 members of the Section of Child and Adolescent Psychiatry were sent the questionnaire in April 1984. This was sent with a lot of other material from the Section and therefore may have been overlooked. Further posting took place in October for those who had not responded on the first occasion. A final question asked respondents whether they would be prepared to take part in a more detailed survey, and a questionnaire for each of ten consecutive patients was sent to some of those who responded positively (Questionnaire for Respondents).

Results

DHSS statistics showed there to be 452 consultants and senior registrars in Child and Adolescent Psychiatry in England and Wales on 1 September 1983. Response from this survey was 341 consultants and senior registrars in England and Wales (tracing rate = 75.4 per cent).

From this sample of 341 consultants and senior registrars in England and Wales, 285 (83.6 per cent) were consultants and 56 (16.4 per cent) senior registrars: 203 (59.5 per cent) spent equal time with adolescents and children; 45 (13.3 per cent) mostly or wholly with adolescents; 57 (16.7 per cent) mostly or wholly with children and 34 (10.0 per cent) had other distributions of working time. Seventy per cent of the sample occasionally or usually enquired about viewing violent videos. The response rate to the first posting was 93 (27.3 per cent), and to the second posting, 248 (72.7 per cent)—there were no significant differences between the groups from the two postings.

Associations between viewing and symptoms

Of the respondents, 47.5 per cent had had an account from at least one patient of violent videos being influential on emotional state or behaviour; 50.4 per cent thought there was an association between description of symptoms and viewing; 36 per cent of these thought that symptoms had been precipitated by video violence, and 58 per cent symptoms worsened by video violence.

https://doi.org/10.1192/S0140078900026183 Published online by Cambridge University Press

Opinion of psychiatrists

The response to the question, 'What in your opinion was the effect on patients of viewing violent videos?' was as follows: Usually beneficial or reassuring—0 (0 per cent); Occasionally beneficial or reassuring—0 (0 per cent); Usually harmful or disturbing—47 (13.8 per cent); Occasionally harmful or disturbing—133 (39.0 per cent); Neither beneficial nor harmful—50 (14.7 per cent); Do not know, did not answer, or 'other'—10 (32.3 per cent).

Separate enquiry was made of one respondent who initially had considered videos to be beneficial. This respondent, a senior registrar whose first language was not English, had misunderstood the definition of video violence despite having been sent summaries from the DPP's list. This respondent believed the questionnaire to be referring to violent television programmes 'like James Bond films' and on further explanation considered violent videos to be harmful.

Factors influencing respondents to believe that violent videos are harmful or disturbing

Answers to the questions concerning viewing were interdependent: for example, 5.2 per cent of those who *never* enquired thought violent videos were *usually* harmful, whilst 28.6 per cent of those who *usually* enquired thought violent videos were *usually* harmful. Of those who never enquired, 52.9 per cent 'did not know', did not answer, or gave 'other' response concerning harmfulness, whilst none of those who usually enquired gave that type of response.

1. Respondents who enquire about their patients' viewing habits are significantly more likely to think violent videos are harmful than those who do not enquire ($chi^2 = 33.17$; $df = 1$; $P<0.005$).
2. Awareness of violent videos as a factor affecting patients significantly influenced respondents' opinions ($chi^2 = 26.62$; $df = 1$; $P<0.005$).
3. Consultants were significantly more likely than senior registrars to think that violent videos could be harmful or disturbing ($chi^2 = 19.03$; $df = 1$; $P<0.005$). Those who had received an account about violent videos being influential on children's emotional state and behaviour were significantly more likely to believe violent videos to be harmful ($chi^2 = 27.26$; $df = 1$; $P<0.005$).
4. Those who had found an association on at least one occasion between patients' symptoms and viewing violent videos were more likely to believe violent videos to be harmful or disturbing ($chi^2 = 37.05$, $df = 1$; $P<0.005$). These factors are cumulative; thus, consultants were more likely to be aware of violent videos as a factor before the survey; those who were aware before the survey were more likely to enquire about viewing; those who enquired about viewing were more likely to receive an account of violent videos being influential and also to find an association between patients' symptoms and viewing.

Case histories

About 100 individual accounts were given concerning violent videos by child and adolescent specialists.[6] Fifty-six psychiatrists mentioned night fears, sleep disturbance and nightmares; many mentioned violent fantasies. There were several individual accounts of children committing violently aggressive acts following watching a violent video; there were also several accounts of such viewing being followed by deviant and violent sexual behaviour. Improvement of symptoms on cessation of viewing was commented upon.

Conclusions

1. It is possible to survey the opinion of a group of psychiatrists via the members' register of the Royal College of Psychiatrists.
2. Seventy-five per cent of child and adolescent psychiatrists in England and Wales reponded to a questionnaire on the effects of violent videos upon their patients. The opinion of these psychiatrists was remarkably uniform. They believed that violent videos were frequently associated with patients' symptoms in a deleterious way and that this material is generally harmful. Their opinion was that violent video material was either harmful and disturbing, or they expressed no clear opinion. Enquiring about viewing, being aware of violent videos before the survey, being a consultant rather than a senior registrar, having received an account of a violent video being influential on a patient's emotional state or behaviour, and finding an association between patients' symptoms and viewing were all associated with considering videos to be harmful or disturbing. The psychiatrists' opinions were generally based upon evidence.
3. Child and adolescent psychiatrists had considerable experience of the harmful effects of violent videos as well as having an opinion on the topic. Numerous case histories were cited of aggressive behaviour and psychological symptoms following viewing such material.

ACKNOWLEDGEMENTS

We would like to thank the members of the Child and Adolescent Psychiatry Section for their co-operation with this study.

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https://doi.org/10.1192/S0140078900026183 Published online by Cambridge University Press