



Short term and long term effects of violence in the media

The impact of violence in the media on a child will depend on a number of factors:

- the age of the child
- the sex of the child
- the individual sensitivities of the child
- whether the child is well supported by a parent who talks to the child about what he sees
- whether the child lives in a home where violent behaviour is condoned
- whether the child spends time fantasising about what he or she has seen (including playing with toys related to a violent program)
- the amount of time that the child spends with programs with themes of violence
- the types of violence seen in the program. For example, whether the violence is “glamorised” (attractive violent heroes who are rewarded for violence, and the violence has few real life consequences).

Impact

Children under 8

- are likely to imitate the violence seen in programs in their play. They don't easily understand the difference between fantasy and reality, and may not realise that imitation is dangerous. Children have been known to be able to reproduce violent acts seen on TV some months earlier.
- are likely to be very scared by “scary” images, for example scary faces, sinister music and sounds, and “transformations” (remember the Incredible Hulk?). Young children will not be able to tell themselves that the scary thing will go away soon (as older children can). The impact of scary images may result in fear of

being alone, may result in nightmares, or in long term fears.

- may develop a “script” for ways of solving conflict that may not emerge until later in life.

School aged children (8–12)

- are likely to be disturbed by short term exposure to violence in the news, especially when the violence looks like it could have happened in his neighbourhood. This is because older children are likely to relate to and identify with familiar settings and fear that those things could happen to them. For example, a young girl may fear being kidnapped because she has seen a report where a young girl suffered that fate. Explaining that it isn't likely to happen, is not of much use to a child who is not of an age to understand probability.
- will be influenced by long term exposure to films and movies which feature real heroes. If these heroes consistently use violence to win, if it's rewarded, if it has few real life consequences and is also in a humorous context, this is likely to increase the risk. With long term exposure, children are more likely to choose to use violence to solve conflict than if not so exposed.
- may become desensitised to (or more callous about) the use of violence by others. This effect tends to result from long term exposure to violence which is realistic, (much blood and gore) and which is in a humorous context.

What will help?

The under 8 year old

- avoid exposure to violent cartoons and reality based programs
- avoid programs with easily copied violent actions



- avoid buying violent toys related to TV programs
- select programs that are appropriate for their age
- use our [fight-free media list](#)
- keep a store of taped programs that are age appropriate
- limit time with TV and other media
- provide comfort and support when the child has been frightened

The primary school aged child

- help them select programs and games that are classified C, P, G or PG
- help them select programs and games which do not feature (or provide the opportunity to be) the hero who does “glamorised” violence
- encourage supporting and caring behaviour, and discourage aggressive behaviour
- help them to be critical viewers, and talk to them about your reasons for avoiding certain programs
- discuss and explain the meaning of televised events
- modify your own viewing.

Further reading

ACCM parent guide [Effects of media violence on children](#)

Anderson, C et al 2014 [SPSSI Research Summary on Media Violence](#). Society for the Psychological Study of Social Issues.

Fitzpatrick, C, Barnett, T, Pagani, L 2012, '[Early Exposure to Media Violence and Later Child Adjustment](#)', Journal of Developmental & Behavioral Pediatrics