Escalating Violence in PG-13 Movies

In this issue of Pediatrics, Romer and colleagues¹ examine the judgments of parents watching a series of movie clips with sexual and violent content. These clips, viewable at the Annenberg Public Policy Center’s Web site, are a bit unsettling (they include sexual encounters that leave little to the imagination, executions that come by surprise, and battles between humans and robots that end in the graphic “death” of the robot). In this study, as they watched more of the clips in succession, parents became more permissive about the age at which they would allow their own children, as well as children generally, to view the movies from which these clips originated. From this, the authors conclude that frequent moviegoers may become desensitized to the sex and violence they repeatedly see on-screen. This desensitization process, they contend, is 1 reason content in movies rated PG-13, or appropriate for teenagers with parental guidance, has become increasingly violent over the past several years.² Parent raters for the movie industry may become progressively more approving of violence in movies simply because of their job (they see, and rate, many movies with violent and sexual content). Other parents, especially those who watch a lot of movies, appear to grow more permissive about what their children watch at certain ages with increasing exposure.

The authors refer to the phenomenon of “ratings creep.” Movies rated R in the 1980s are less violent than today’s PG-13 movies. This shift seems to be unique to violence, as movies containing sex and objectionable language tend to be assigned the more restrictive R rating. Those in the film industry aim their movies for certain ratings to market them toward adolescents attending the cinema without parents. With the notion that violence may enhance a movie’s commercial appeal, it is understandable that PG-13 movies might cluster at the upper range of the level of violence allowed for this rating. Large-budget movie productions have more financial resources to repeatedly appeal the MPAA’s decisions and to tweak the film’s content to barely qualify for a coveted PG-13 rating.³

Why is this issue important to the pediatric community? Children are affected by what they see and hear. With limitations, research supports the connection between viewing violent media and later aggression in individual children.⁴ However, there are important, broader questions about social norms and how viewing violent media shapes a child’s sense of the world. Pediatricians, in their offices every day, work to change social norms regarding children’s environment and how they spend their time by delivering message after message to parents (for example, quitting smoking is doing something good for your child, reading every day can help your child do better in school, limiting junk food helps to ensure your child’s health). These messages, when supported by broader public health campaigns and thoughtfully crafted public policy, are often followed by expanded public discourse.

AUTHOR: Jeanne Van Cleave, MD
Department of Pediatrics, Harvard Medical School and Division of General Academic Pediatrics, MassGeneral Hospital for Children, Boston, Massachusetts

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Address correspondence to Jeanne Van Cleave, MD, 15th Floor C100, 100 Cambridge St, Boston, MA 02144. E-mail: jvancleave@partners.org

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a change in public opinion, and ultimately large-scale improvements in behaviors that shape the health and well-being of children and families. Part of the public discourse can involve a change in the content of the media viewed by children.

Violence (particularly gun violence and interpersonal violence) is a key cause of mortality, physical disability, and psychopathology among children and youth. The prevalence of other causes of morbidity and mortality among young people, including motor vehicle collisions, smoking, and childhood obesity, has been diminished, in part, by multipronged efforts of pediatricians and child health advocates, as well as changes in public policy and political and social will, to alter the perception of what is socially ideal behavior. Movie ratings can be arbitrary, variable, and confusing to parents and may leave parents with the impression that all PG-13 movie content is acceptable for the adolescent population. Romer’s study indicates that the “right level” of sex and violence is a moving target that is affected by other media content viewed close to it. Further research into the psychology of how raters assign movies might include interventions to prevent desensitization or the utility of recruiting more parents to participate in the rating system.

REFERENCES

KEYS TO THE CAR: I still drive the first car I ever bought: a 1988 Saab. The car, like me, is starting to show her age a bit. There is some rust on the doors and trunk, and the overhead fabric sags in several places. Still, I love the way it drives, and repairs are fairly inexpensive because there are few (if any) electronic parts. For example, I recently had to buy two ignition keys. The locksmith charged me a total of $4.60 for the keys. Buying new ignition keys for recent car models is much more expensive because auto manufacturers began using engine immobilizer systems in the late 1990s. These systems require use of an ignition key that contains a specific microchip (programmed to match the car) in order to start the engine. Making these keys is much more expensive and difficult – too difficult for the ordinary car thief.

As reported in The New York Times (The Upshot: August 11, 2014), the use of microchip keys and engine immobilizer systems has led to a dramatic fall in auto theft. For example, auto theft in New York City has dropped 96% since 1990. Without the specific ignition key, thieves cannot drive the vehicle away, even if they can enter it. This has led auto thieves to target older cars that still have value, such as the Honda Accord – now the most commonly stolen car in America. Of the more than 50,000 Accords stolen in 2013, approximately 84% were from model years 1997 and earlier. Of note, Honda began using engine immobilizer systems in the Accord in 1998.

Of course, my SAAB does not have an engine immobilizer system. While I always lock the doors, I remain hopeful that that any potential thief will see the rust and deem the car too old and with too little value to steal.

Noted by WVR, MD
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