The Evolution of Virtual Violence: How Mobile Screens Provide Windows to Real Violence

Rhea W. Boyd, MD,[a,b] Wendy Sue Swanson, MD, MBE[c,d]

Public discussion of child and adolescent exposure to "virtual violence" typically focuses on the simulated violence that occurs within gaming applications and the glamorized or normalized violence depicted in television and movies. Historically, the American Academy of Pediatrics has also framed virtual violence in this way, as virtual consumption of either simulated or fictional violence.[1–4] This traditional perspective is well-described in the most recent Virtual Violence Policy Statement, published in this issue of *Pediatrics*.[5]

However today, youth have unprecedented access to portable devices with internet, photo, and video capabilities[6–10] that fundamentally change the scope, magnitude, and outcomes of virtual violence exposures by providing access to real violence that can be captured and consumed, virtually.

In contrast to the fictional violence Christakis et al[5] caution against, now youth can produce, view, and share problematic content,[11] including images of community violence, school violence, sexual violence, and police violence on their smart, portable devices. Some social media feeds even provide unsolicited and unwelcome exposure to acts of actual terrorism, gender violence, and war.

Mobile exposures to real violence are distinct from the simulated violence depicted in gaming applications and other real violence pictured on television news.[4] The difference is mobile exposures can be captured and shared by and among youth without adult supervision or knowledge, independent of structured rating systems, and unrestricted by traditional viewing controls that commonly manage television, movie, and gaming selections.[1,11] This portable access broadens the scope of violence children can be exposed to virtually.

Social networks like Facebook and photo- and video-sharing applications like Instagram, Twitter, YouTube, and Snapchat may also increase the magnitude of virtual violence exposures by broadcasting real violence beyond simple geographic or school boundaries. Because nearly 3 in 4 teens have access to a smartphone in the United States and 71% use more than 1 social media platform, posting still and video of violent events can be easy, reach expansive social networks,[6,7] contribute to undesirable digital footprints,[9] and result in shared experiences of trauma. These outcomes are complex and may vary by individual identity (eg, ethnicity, gender, age, sexual orientation), social context, or physical setting.

Previously, exposure to first-person shooter games and other acts of fictional violence were noted to "increase aggressive thoughts, feelings, and behaviors."[3,4] Now, exposure to real violence through mobile devices may additionally result in feelings of distress, victimization, or fear[12]: feelings that may be shared among social groups, initiate prosocial or

COMMENTARY

aggressive behaviors, and may be heightened by knowledge that these events occurred in the real world.[4]

To illustrate this, consider 2 contemporary examples.

First, consider what happens when youth view images of terrorist violence in the Middle East. For some, it can engender fear and anti-Muslim and anti-Arab sentiments, spur cyber-bullying, and result in physical bullying, intimidation, and aggression toward Muslim students as well as those incorrectly perceived to be Muslim. And for youth who practice Islam, these perceived and actual threats may result in concealing their religious identity in public spaces like school.[13,14]

Second, picture an African American youth viewing a video of police shooting and killing another African American with whom they relate. Although not directly victimized, witnessing the incident may cause distress.[15] Yet virtually viewing police violence can also generate solidarity and, as a recent report noted, galvanize activism for police reform.[16]

Historically, risks and recommendations regarding virtual violence were primarily based on age.[1–5] But growing mobile access to real violence prompts discussion of outcomes that may be unique to the various families, communities, or cultural groups with whom children identify. For some, sharing virtual violence may provide important tools to ensure police accountability, bolster valuable social action, or monitor public safety. For others who lack media literacy[11] or the developmental maturity to process violence, it may also result in emotional desensitization, concerns regarding personal safety, or aggression toward others.[3,4,9]

The emergence of smart, mobile technologies as predominant ways for youth to interact, communicate, and share images underpins an important evolution in virtual violence. The deluge of public video-capture, from private surveillance to wearable technology with recording capabilities, introduces ever-changing ways real violence is experienced and shared in real-time or in perpetuity online. As screen usage patterns shift among millennials and centennials, it may constitute a growing digital divide between the exposures of today's youth and that of preceding generations.[11]

Pediatricians can help families navigate evolving forms of virtual violence by raising parent awareness of the complexities associated with youth recording, posting, texting, or viewing images of real violence with peers. They can also assist families in proactively engaging youth to thoughtfully create, explore, and share media content, reinforce the value of coviewing media,[1,2,4,5,9,11] and review age-appropriate ways to ensure youth safety. This allows parents to provide context to help youth decipher associated emotions and risks,[12] model and practice empathy, and provide outlets for processing troubling events.

REFERENCES

1. American Academy of Pediatrics, Council on Communications and Media. Policy statement: children, adolescents, and the media. *Pediatrics.* 2013;132(5):958–961

2. American Academent of Pediatrics, Council on Communications and Media. Policy statement: media violence. *Pediatrics.* 2009;124(5):1495–1503

3. American Academy of Pediatrics; American Academy of Child and Adolescent Psychiatry; American Psychological Association; American Medical Association; American Academy of Family Physicians; American Psychiatric Association. Joint statement on the impact of entertainment violence on children: Congressional public health summit—July 26, 2000. Available at: www.aap.org/advocacy/releases/jstmtevc.htm. Accessed April 27, 2016

4. Walma van der Molen JH. Violence and suffering in television news: toward a broader conception of harmful television content for children. *Pediatrics.* 2004;113(6):1771–1775

5. American Academy of Pediatrics, Council on Communications and Media. Policy statement: virtual violence. *Pediatrics.* 2016;138(2):e20151298

6. Lenhart A. Teens, social media & technology overview 2015. Pew Internet and American Life Project. April 9, 2015. Available at: www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/. Accessed April 21, 2016

7. Duggan M. Photo and video sharing grow online. Pew Internet and American Life Project. October 27, 2013. Available at: www.pewinternet.org/2013/10/28/photo-and-video-sharing-grow-online-2/. Accessed April 27, 2016

8. Lenhart A. Teens and online video. May 2, 2012. Pew Internet and American Life Project. Available at: www.pewinternet.org/2012/05/03/teens-online-video/. Accessed April 27, 2016

9. O'Keeffe GS, Clarke-Pearson K; Council on Communications and Media. The impact of social media on children, adolescents, and families. *Pediatrics.* 2011;127(4):800–804

10. Madden M, Lenhart A, Cortesi S, et al. Teens, social media, and privacy. Pew Internet and American Life Project. May 21, 2013. Available at: www.pewinternet.org/2013/05/21/teens-social-media-and-privacy/. Accessed April 27, 2016

BOYD and SWANSON

11. Palfrey J, Gasser U, Boyd D. Response to FCC Notice of Inquiry 09-94: "Empowering Parents and Protecting Children in an Evolving Media Landscape." Cambridge, MA: Berkman Center for Internet and Society at Harvard University; 2010.Available at: http://cyber.law.harvard.edu/sites/cyber.law.harvard.edu/files/Palfrey_Gasser_boyd_response_to_FCC_NOI_09-94_Feb2010.pdf. Accessed April 28, 2016

12. Ybarra ML, Mitchell KJ, Korchmaros JD. National trends in exposure to and experiences of violence on the Internet among children. *Pediatrics*. 2011;128(6). Available at: http://pediatrics.aappublications.org/content/128/6/e1376.long

13. Council on American Islamic Relations. Mislabeled: The impact of school bullying and discrimination on California Muslim students. 2015. Available at: https://ca.cair.com/sfba/wp-content/uploads/2015/10/CAIR-CA-2015-Bullying-Report-Web.pdf. Accessed April 27, 2016

14. Hinduja S, Patchin JW. Offline consequences of online victimization: School violence and delinquency. *J Sch Violence*. 2007;6(3):89–112

15. Boyd RW, Ellison AM, Horn IB. Police, equity, and child health. *Pediatrics*. 2016;137(3):1–3

16. Freelon D, McIlwain CD, Clark MD. Beyond the hashtags: #Ferguson, #Blacklivesmatter and the struggle for offline justice. Center for Media and Social Impact, American University. Available at: http://cmsimpact.org/resource/beyond-hashtags-ferguson-blacklivesmatter-online-struggle-offline-justice/. Accessed April 27, 2016

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/138/2/e20161358
References	This article cites 7 articles, 5 of which you can access for free at: http://pediatrics.aappublications.org/content/138/2/e20161358#BIBL
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): **Injury, Violence & Poison Prevention** http://www.aappublications.org/cgi/collection/injury_violence_-_poison_prevention_sub **Bullying** http://www.aappublications.org/cgi/collection/bullying_sub **Media** http://www.aappublications.org/cgi/collection/media_sub **Social Media** http://www.aappublications.org/cgi/collection/social_media_sub
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.aappublications.org/site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: http://www.aappublications.org/site/misc/reprints.xhtml

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

The online version of this article, along with updated information and services, is
located on the World Wide Web at:
http://pediatrics.aappublications.org/content/138/2/e20161358

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™