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# The Association of Symptoms of Anxiety in Children Ages 6-12 and the Exposure to Violence in the Media

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**THE ASSOCIATION OF SYMPTOMS OF ANXIETY IN CHILDREN  
AGES 6-12 AND THE EXPOSURE TO VIOLENCE IN THE MEDIA**

**Honors Thesis**

**Presented in Partial Fulfillment of the Requirements**

**For the Degree of Bachelor of Nursing**  
In the College of Health and Human Services  
at Salem State University

By

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# THE ASSOCIATION OF SYMPTOMS OF ANXIETY IN CHILDREN

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## THE ASSOCIATION OF SYMPTOMS OF ANXIETY IN CHILDREN

**Abstract**

Through a review of the literature, my research project explored whether or not violence in the media causes symptoms of anxiety in children ages 6-12. It is suspected by multiple child psychologists that violence in the media can affect children and cause them to develop symptoms of anxiety. By reviewing case studies as well as scholarly articles and journals I found that there was some evidence to support this premise as well as evidence that did not. The focus of my literature review was children ages 6-12 because they tend to be impressionable and vulnerable to their experiences. Limitations to this study would include articles that reported studies on age groups other than the childhood age group such as young adults and the adolescent, as well as the manifestation of anxiety and definition of violence defined differently by various authors.

**Key Words**

Violence

Media

Stress

Post Traumatic Stress Disorder (PTSD)

Children

School aged

Anxiety

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## **The Association of Symptoms of Anxiety in Children Ages 6-12 and the Exposure to Violence in the Media**

### **Introduction**

Psychologists suspect that violence as seen in graphic pictures and reporting of horrific stories by local news shows about events in our society can lead to symptoms of anxiety in children. The Anxiety and Depression Association of America website (2013), defines anxiety as a “persistent, excessive, and unrealistic worry about everyday things.” Events such as local fires or tragic events such as the September 11<sup>th</sup> Terrorist Attacks and the 2013 Boston Marathon Bombing have been suspected to cause diminished appetite, withdrawal from their surroundings and rebellious behavior which are defined as symptoms of anxiety by the American Psychological Association (APA).

This review of the literature will explore what symptoms of anxiety are manifested in children ages 6-12 years when they are exposed to violence in the media. Children may expose themselves to violence in the news for various reasons. Students, viewing the news to stay informed for class projects or other children present in a room with the TV news on, may be casual viewers “stuck in the crossfire of violence in the media during a commercial of the program” they are watching or during a channel change (Jakobsen, Horwood & Fergusson, 2012). Children who simply watch the news on television can be affected severely by the violence and can develop symptoms of anxiety that can last for an unknown period of time. Childhood years can be a vulnerable time because many children struggle to understand new information without adult interpretation and can be very impressionable.

### **Review of the Literature**

The literature abounds with reports of a suspected relationship between violence and increased anxiety in children. A correlation between media exposure to the World Trade Center (WTC) attacks in September of 2001 and symptoms of Post Traumatic Stress Disorder (PTSD) exhibited by students in grades four through twelve living in New York City. Waselenko et al. (2004), in the *Annals of Internal Medicine*, cited symptoms of PTSD include “Anxiety, depression, heightened sense of awareness, exaggerated startle response, increase irritability, and recurring nightmares, which involve re-experiencing the traumatic event”. Waselenko et al. (2004) analyzed students in grades four through twelve who were directly exposed to the WTC attacks as well as those children who were affected by the attacks through mainstream media. Directly exposed to the attacks was defined as living in the vicinity of the attacks. “Students were coded as having direct exposure to the WTC attacks if they experienced at least two of the following circumstances: personally witnessing the attack, being hurt in the attack, being in or near the cloud of dust and smoke, being evacuated to safety, or being extremely worried about a loved one’s safety” (Duarte, et al. 2011). Students, who were not directly exposed to the attacks, gathered their information about the attacks from the media (television, Internet and radio/newspaper). Looking at sources of media such as the television, the Internet, the radio and newspapers combined, the study explored which students were more vulnerable to PTSD symptoms.

Duarte et al. (2011) reported seven percent of the students in grades four through twelve used the Internet to learn more about the attacks after they occurred. Six months after the WTC attacks, children were still exposed to media about the attacks. These

authors concluded that the media acted as a stressor towards students who were directly affected by the WTC attacks. The students who were not directly exposed to the attacks and retrieved their information about the tragic event from the media alone were not affected like the students who were directly exposed to the attacks. Those students not directly exposed to the attacks had PTSD symptoms. “This suggests that media exposure can function as a stressor or alternatively, that anxious unexposed students, potentially less supervised for intensive media use than exposed students, are more likely to seek out threat information by intensively utilizing the media after a disaster”( Duarte, et al. 2011). Unlike other studies that observe PTSD symptoms days or weeks following the aftermath of a tragic event, the study by Duarte et al. (2011) observed that children developed symptoms six months after the WTC attacks. Therefore, media adversely affects children and adolescents not only weeks, but even months after the attack.

In contrast to the study by Duarte et al. (2011), Ortiz, La Greca, Silverman and Jaccard (2011) from the American Psychological Association (APA) looked at the effect of hurricane exposure and the response of anxiety in children in grades two through five. This study looked at media cues of hurricanes with the intentions of coming up with interventions to help decrease anxiety in children resulting from exposure to the media. The article considered whether the child’s social support, coping skills, life stressors (parental divorce, moving into a new home and/ or changing schools), and depressive and anxiety symptoms had an added effect to possible anxiety caused after media exposure to natural disasters.

People who live in areas that are prone to hurricanes are constantly bombarded with media cues regarding the possibilities of a hurricane, its severity and what

precautions should be taken. Even if a hurricane is imminent, the media shows stores running out of supplies and people boarding up their houses in preparation. “Some individuals, including young people, find such pre-disaster media cues highly stressful and anxiety provoking” (Ortiz et al. 2011). The authors also, looked at other childhood anxiety studies about disasters like the Murrah Building Bombing in Oklahoma City in 1995 and the September 11<sup>th</sup> terrorist attacks to gain insight into their research hypothesis on hurricane exposure. They reported a positive correlation between children in grades two through five exposed to disaster media cues and PTSD symptoms (2011).

In a study of 248 children in a hurricane prone area, Ortiz et al. studied 185 children exposed to disaster media cues regarding hurricanes and 63 children exposed to neutral weather films. The study was interested in children’s anxiety reactions to disaster media cues as manifested by the violence of the hurricanes. The study hypothesized that aside from just watching the hurricane disaster cues, life stressors among the children, and anxiety and depression symptoms would affect perceived social support and result in negative coping skills during times of disaster such as in the case of a hurricane. Therefore, it was expected that children with elevated anxiety and depression prior to exposure to natural disasters would be at an increased risk for negative reactions in the disasters aftermath. It was also expected that those children with low social support would exhibit higher anxiety to hurricane coverage by the media. It was also hypothesized that anxious and depressed children with negative coping skills would exhibit increased anxiety when viewing hurricane disaster cues.

It was found that, “Children who were shown the hurricane disaster cue video reported significantly higher anxiety following the video than children who were shown

the educational weather video” (Ortiz, et al. 2011). Children who had anxiety symptoms before undergoing this study had low levels of perceived social support after viewing videos of hurricanes. Their low perceptions of social support lead them to be “high reassurance seekers” as described by Ortiz, et al. Low perceived social support convinces children that they are not ready to handle stressors and cannot handle their social support networks. This was proven to be positively associated with elevated anxiety following exposure to disaster cues. Negative coping skills guided children to develop high anxiety following hurricane disaster cues, which was also related to PTSD symptoms. However, stressful life events and symptoms of depression did not correlate to anxiety after disaster cue exposure. Reactions to disaster cues versus direct disaster exposure aided the study in finding potential intervention strategies for children who develop anxiety due to disaster cues in the media. However the research done by Ortiz et al. did not mention the exact intervention strategies for children who develop anxiety.

In contrast to looking at anxiety in relation to violence in the media, Lohaus, Ball, Klein and Wild in the *Anxiety, Stress and Coping Journal* focused on media use in young adults related to their overall health (2005). These researchers looked into the extent of media use and its value. Media was a source of stress symptoms or a way of coping. They reported “Adolescents spend about 39% of their waking lives watching television, listening to audio media, using the internet and e-mail, playing video games or reading books and magazines” (p. 347). “Time is devoted to media more than any other activity in the adolescent population” (Lohaus, Ball, Klein and Wild, 2005). Stress causing events may have short-term affects such as a fast heartbeat or high blood pressure but the inability to cope with a stressful event can be a long-term affect. Young adults may

externalize or internalize psychological symptoms or somatic symptoms (Lohaus, Ball, Klein and Wild, 2005).

Lohaus, Ball, Klein and Wild, (2005) questioned if media had an increase on stress or somatic symptoms. In 2005, traditional media was considered to be television, audio and print but more modern forms of media includes ipads, smart phones and simulation games. The “Arousal Theory of Media Use” referred to by Lohaus, Ball, Klein and Wild, (2005) stated that media is used to fulfill certain needs such as arousal and stimulation (p.344). Viewing media may involve seeing aggressive behavior or may require the need for increased attention from the adolescent. It was proposed in this study that increased arousal leads to reduced relaxation, which leads to an overall increase of stress levels.

Media may also provide a way for adolescents to cope with stressful events. Coping creates a distraction to promote relaxation. “The coping function of media is supported by empirical studies which show that media is used to ameliorate depressive moods, to cope with loneliness and disengage from stress, anxiety and loneliness” (Lohaus, Ball, Klein and Wild, 2005 p.346). This research article found that media could be a way for young adults to deal with symptoms of stress. Print media, known as books and newspapers and journals are positively related to relaxation and stress reduction whereas video games are linked with arousal and stimulation.

Juliette Walma van der Molen wrote an article titled, *Violence and Suffering in Television News: Toward a Broader Conception of Harmful Television Content for Children*. Dr. Walma van der Molen recommends that society needs to rethink the exposure of the news to our children (ages 6-12). Plenty of entertainment programming

provides inappropriate violence in the news for children to watch. Due to the terrorist attacks of September 11<sup>th</sup>, 2001 and the war in Iraq, there is more of a push to reduce violence in the media for children now, more than ever. “Survey research has shown that about one quarter of U.S. children have a television set in their own bedroom and that in a substantial number of homes, television is turned on all day. With the rise of television channels and Internet services that broadcast news around the clock, and with the growing practice of interrupting other television programming to report on “breaking news stories,” children of all ages thus may be regularly confronted with highly distressing and violent accounts of murders” (Walma, 2007). Walma suggests that healthcare professionals should be advocating for less violence.

Healthcare professionals, parents and educators want to avoid PTSD because it includes potential symptoms such as fear and aggression. Local news programs tend to show a great deal of crime. “Analyses of the major network newscasts have shown that crime and violent world events are among the more frequently covered topics” (Walma, 2007). Most of the time, the media reports stories that involve victims or situations that children could identify with and maybe think that they could become the next victim. News programming might not be intended for a pre-adolescent audience, however pre-adolescents depend on the news to gain knowledge of what is going on in their world. Pre-adolescents watch more news than their caregivers may think. “Most children in the highest grades of elementary school (fourth and fifth grade), watch the news at least several times a week, and many three-eight-year-olds regularly watch television news” (Walma, 2007). Even children who sit with their parents while their parents watch the news can be exposed to violent media.

Walma (2007) found that television stations did not recognize the news as a potential source of media violence. News stations did not prohibit violent television news during “family viewing hours” and only some provided a warning prior to a program that may contain graphic violence, or any violence at all. The Federal Communications Commission of the United States in 1975 founded a “family viewing hour” policy that during the evening hours of eight and nine o’clock broadcasts were going to display family friendly television. In 1977 the policy was overturned but the concept is still continued by some television programs like News Channel 4 and the British Broadcasting Corporation (BBC). “In addition, the television parental guidelines (V-chip ratings), which were the result of the 1996 Telecommunications Act, are not applied to news and sports programs” (Walma, 2007). Dr. Walma van der Molen believes that these things should be put in place in order to reduce harmful affects on the pre-adolescent age group. “Apart from these investigations, several recent studies have shown that the harmful effects of news content are not limited to major catastrophic incidents. In general, these studies indicated that many elementary school children sometimes experience fear in reaction to regular news, such as reports of crime, natural disasters, and ‘ordinary’ plane or traffic accidents, and that 10% to 20% of the children described their feelings as intense to very intense” (Walma, 2007).

Potential effects of violence in the media can lead to stress reactions. Long-term stress reactions can later turn into PTSD (Walma, 2007). Short-term aggressive behavior can be related to the arousal process and imitation of violence and frequent watching of news programs (Walma, 2007). “Studies have shown that more realistic portrayals of violence may heighten levels of involvement and aggression, immediate fright reactions,

fear of the world as a scary place, and desensitization, particularly in older, school-aged children, who are able to distinguish the real from the unreal on television. Given the inherent realistic nature of news violence and given other researchers' observations that television news is becoming increasingly sensational and graphic" (Walma, 2007).

Aside from news programs, fictional violence that is viewed by children can lead children to justify violence as a means of self-defense. Violence can desensitize them and they can become more accepting of violent behavior (Walma, 2007). News can be a good thing, because it can prepare those who watch it for potential disasters. However, most news presentations are not adapted to children's cognitive level and emotional experiences. Pediatricians have the opportunity to change the way violence in the media affects children. Pediatricians can include surveys in their evaluations at annual physicals and they can mandate what is available on the television during hospital stays. Parents and teachers should become informed that news does not only have the opportunity to be educational, but it can be inaccurate, over emphasized and exaggerated. Children are recommended to watch the news with a parent, or someone who can mediate what is showing and who can teach a child how to cope with stressful information.

According to Ebesutani et al. (2012) in the *American Psychological Association Journal*, approximately eight to twenty seven percent of children and adolescents experience symptoms of anxiety such as excessive and unrealistic fear. Some of these children go on to develop some of these symptoms in adulthood. Parents and teachers usually do not realize a child has anxiety until there are huge factors that disrupt their daily living such as not performing well in school or they are acting out or are not eating or sleeping as usual. In the stages where the symptoms are less severe they may not be

detected in children. Anxiety and depression can lead to one another. One develops first and the other develops later in life (Ebesutani, et al., 2012). This article has said that part of the problem is the cost of the surveys and the way they are made. Some surveys are too expensive for certain schools or services to utilize. The author believes why anxiety isn't identified early on, is because survey questions can be confusing and don't really identify the problem.

### **Discussion**

Through my review of the literature I have found evidence that supports my hypothesis. My research question asked "Is there an association between symptoms of anxiety and violence in the media in children ages 6-12?" The articles I reviewed did agree that there is an association between symptoms of anxiety and violence in the media. The study by Duarte et. al (2011) reported that media on tragic world events acted as a stressor for students in grades four through twelve and resulted in positive symptoms of PTSD. Ortiz et. al (2011) also saw a positive correlation between anxiety and violence in the media when students were exposed to hurricane disaster cues and developed symptoms of anxiety.

Lohaus, Ball, Klein and Wild (2005) stated that media is a complicated term and it has changed over time. In the adolescent and young adult population all forms of media can cause relaxation. Also media can have the opposite affect and cause increased stress levels.

The article from Walma (2007) was valuable to the research because it was found that acts that were once put into place to prevent anxiety in children from violence in the media were no longer in place. Family viewing hours and V-chip ratings, which were

apart of the 1996 Telecommunications Act, are no longer applied to news and sports programs. This has a huge impact on anxiety in children because news on the television is no longer monitored for the eyes of children. Some channels have a verbal cue before violence is about to be shown on the television but if the child is not watching with an adult they may not respond by changing the channel. Children are not old enough to handle the effects or exposure to violence.

Last, Ebesutani et al. (2012) found that eight to twenty seven percent of children in the United States experience symptoms of anxiety, which are correlated to symptoms of depression in adulthood. Even though there is knowledge that anxiety can further lead to depression, prominent symptoms of anxiety such as poor performance in school are not detected in time. Part of the problem is that schools cannot properly screen students for anxiety because surveys to do so are too costly and not effective due to multiple repetitive questions.

### **Conclusion and Implications for Further Research**

Review of the literature about the association of symptoms of anxiety and violence in the media in children ages 6-12, has shown that there is a positive correlation between anxiety and violence in the media. Tragic events such as the WTC attacks, hurricanes and video games can all cause anxiety in children. Some children who have existing anxiety can develop increased levels of anxiety and even PTSD after being exposed to violence in the media. Anxiety can be a precursor to depression later in adulthood but is poorly detected because of costly and ineffective surveys. More research should be done to see if the progression of depression could be reversed, slowed or stopped because researchers already know what is going wrong in their surveys.

Limitations to this study included research found about different age groups. Not all of the literature about anxiety and violence in the media was about children ages 6-12. Further research should be conducted to directly focus on the age group of children ages 6-12, ways to reduce anxiety and violence in the media for children. Furthermore, these professionals like pediatricians, teachers and parents who impact the lives of children 6-12 years need to be instrumental in creating and reinforcing ways to reduce anxiety and violence in the media for children. Another limitation is that, only seven articles were used in this review of the literature. More articles are needed to come to a full conclusion of the hypothesis.

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