



Children and Adolescents and Digital Media

Yolanda (Linda) Reid Chassiakos, MD, FAAP, Jenny Radesky, MD, FAAP, Dimitri Christakis, MD, FAAP, Megan A. Moreno, MD, MEd, MPH, FAAP, Corinn Cross, MD, FAAP, COUNCIL ON COMMUNICATIONS AND MEDIA

Today's children and adolescents are immersed in both traditional and new forms of digital media. Research on traditional media, such as television, has identified health concerns and negative outcomes that correlate with the duration and content of viewing. Over the past decade, the use of digital media, including interactive and social media, has grown, and research evidence suggests that **these newer media offer both benefits and risks to the health of children and teenagers**. Evidence-based benefits identified from the use of digital and social media include early learning, exposure to new ideas and knowledge, increased opportunities for social contact and support, and new opportunities to access health promotion messages and information. Risks of such media include **negative health effects on sleep, attention, and learning; a higher incidence of obesity and depression**; exposure to inaccurate, inappropriate, or unsafe content and contacts; and compromised privacy and confidentiality. This technical report reviews the literature regarding these opportunities and risks, framed around clinical questions, for children from birth to adulthood. To promote health and wellness in children and adolescents, it is important to maintain adequate physical activity, healthy nutrition, good sleep hygiene, and a nurturing social environment. A healthy Family Media Use Plan (www.healthychildren.org/MediaUsePlan) that is individualized for a specific child, teenager, or family can identify an appropriate balance between screen time/online time and other activities, set boundaries for accessing content, guide displays of personal information, encourage age-appropriate critical thinking and digital literacy, and support open family communication and implementation of consistent rules about media use.

INTRODUCTION

What Are the Differences Between Traditional Media and New Digital or Social Media?

Today's generation of children and adolescents are surrounded by and immersed in a digital environment. Traditional media, such as television

abstract

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DOI: 10.1542/peds.2016-2593

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The authors have indicated they do not have a financial relationship relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

To cite: Reid Chassiakos Y, Radesky J, Christakis D, et al., AAP COUNCIL ON COMMUNICATIONS AND MEDIA. Children and Adolescents and Digital Media. *Pediatrics*. 2016;138(5):e20162593

(TV), radio, and periodicals, have been supplemented by new digital technologies that **promote interactive and social engagement and allow children and teenagers instant access to entertainment, information, and knowledge; social contact; and marketing.** Traditional media, also referred to as broadcast media, typically were created externally by an established production source, such as a film studio, TV network, or editorial staff and were provided either to individuals or to a broader audience for passive viewing or reading. In contrast, newer digital media, which include social and interactive media, are a form of media in which users **can both consume and actively create content.** Examples include applications (apps), multiplayer video games, YouTube videos, or video blogs (vlogs). For children and young adults today, this evolving integration of passively viewed and interactive media is seamless and natural; the distinctions and boundaries between traditional/broadcast and interactive/social media have become blurred or imperceptible.

Digital media allow information sharing across a variety of media formats, including text, photographs, video, and audio. Today's video games, for example, often represent a merging of both traditional and social media, as users can virtually "inhabit" impressively produced worlds and interact with other users in remote locations. Video game participants can even work collaboratively to cocreate virtual worlds. Thus, digital media can provide an engaging experience in which the media experiences of children and teenagers become highly personalized.

MEDIA USE ESTIMATES

How Are Media Usage Patterns Changing in Young Children?

The evolution of media from traditional to newer forms of digital media in the past decade has resulted

in changes in the patterns of media use. For example, in 1970, children began to regularly watch TV at 4 years of age, whereas today, **children begin interacting with digital media at 4 months of age.**

As new media platforms and social media have been incorporated into children's media diets, hours spent in TV viewing have slowly decreased over the past 2 decades. Loprinzi and Davis¹ examined trends in parent-reported TV viewing among preschoolers 2 to 5 years of age ($n = 5724$) and children 6 to 11 years of age ($n = 7104$) between 2001 and 2012 using data from the National Health and Nutrition Examination Survey (NHANES), showing significant decreases in mean TV viewing over time, primarily for preschoolers and, to a lesser extent, for school-aged children. Non-Hispanic white boys demonstrated the largest decrease in mean viewing of 29%, from 2.24 hours of TV per day down to 1.59 hours of TV per day. Despite these decreases, the majority of parents still reported that their children watched TV for 2 or more hours per day.

It is unclear whether **these decreases** are in part the result of parents heeding **expert recommendations to limit screen time (evidence would suggest not)²** or whether **they represent a displacement of TV viewing by the use of novel platforms.** In young children, use of mobile devices, such as smartphones and tablet computers, has risen dramatically since the Kaiser Family Foundation first began surveying parents of 0- to 8-year-olds about their technology use.³ For example, in 2011, 52% of children 0 to 8 years of age had access to a mobile device (although only 38% had ever used one). By 2013, this access had increased to 75% of 0- to 8-year-olds.⁴ Although these national surveys continued to demonstrate a digital divide on the basis of economic status, with less

access to mobile technology and the Internet in lower-income families, a smaller study in 2015 called this disparity into question by showing that almost all (96.6%) 0- to 4-year-olds recruited from a low-income pediatric clinic had used mobile devices, and 75% owned their own device.⁵ This study also showed that most 2-year-olds used mobile devices on a daily basis and that most of the 1-year-olds assessed (92.2%) had already used a mobile device. Although a digital divide likely still exists in terms of access to quality content and reliable Wi-Fi, it is now clear that most young children seen by a pediatric health care provider will have used or have been exposed to mobile technology.

Exactly what young children are doing on mobile technology has not been studied in great detail, because mobile device usage is relatively recent and methodologically difficult to assess. By parent report, most children in the Kabali et al study⁵ watched YouTube or Netflix primarily, and smaller proportions watched educational programs and played early-learning apps (eg, alphabet and counting apps). A large minority also played games or watched cartoons. Common Sense Media's Zero to Eight survey has found disparities in the use of educational media on mobile devices, with 54% of children from higher-income families often or sometimes using educational content on mobile devices but only 28% of children from lower-income families doing so.⁴ Thus, younger children and those from lower-income families are more likely to use mobile devices for entertainment purposes.

How Are Media Being Used in Older Children and Teens Today? Which Modes of Use Are Most Popular?

Studies show that social media use patterns and rates among older

children and adolescents have continued to grow over the past decade, aided in part by the recent rise in mobile phone use among children and teenagers. At present, approximately three-quarters of teenagers own a smartphone, 24% of adolescents describe themselves as “constantly connected” to the Internet⁶ and 50% report feeling “addicted” to their phones.⁷ Mobile apps provide a breadth of specific functions, such as gaming, photo and video sharing, and global positioning system monitoring. Social media sites and their associated mobile apps provide a platform for users to create an online identity, communicate with others, and build a social network. Among the myriad accessible social networking sites, Facebook remains the most popular, with 71% of 13- to 17-year-olds surveyed by the Pew Research Center in 2014 and 2015 reporting using this site/app.⁶ However, adolescents today do not typically dedicate themselves to just 1 site; most teenagers maintain a “social media portfolio” of several selected sites including, as indicated by rates of use in the Pew survey, Instagram (52%), Snapchat (41%), Twitter (33%), Google+ (33%), Vine (24%), Tumblr (14%), and other social media (11%).⁶

As communication moves from face-to-face and voice-only phone conversations to more screen-to-screen interactions via apps, such as FaceTime or Skype, daily communication is becoming intertwined with screen time. Texting, using a smartphone keyboard to send a written message or a visual symbol (emoji) to another smartphone, also has become a prominent means of communication for teenagers.

Lines are also becoming blurred between media use for communication versus for entertainment. With the ability

to message your opponent while engaging in a remote video game or tweet while watching a TV show, viewers and gamers often link their entertainment to social media. Modes of communication have become more fluid, with conversations jumping back and forth between text messages to social media sites. Text messages also may include links to media, such as personal videos, YouTube videos, and links to Web sites and social networking sites.

Pew data from 2012 suggest that teenagers between 14 and 17 years of age sent a median of 100 texts a day. With all likelihood, this number will continue to increase as new data become available. Texting no longer is limited to cellular phone systems but can be facilitated by messaging apps, such as Kik or WhatsApp. Pew data from 2015 show that these apps are most popular with Latino (46%) and African-American (47%) teenagers, compared with white teenagers (24%).⁶

Video games also remain very popular among families; it is estimated that 4 out of 5 households own a device used to play video games, and approximately half of US homes own a dedicated game console.⁸ Video games also are available via apps on mobile devices. Additionally, apps that have a practical function are also being marketed with a gaming perspective; this approach is known as “gamification.”

It is common for adolescents today to engage in more than 1 form of media at the same time, a practice referred to as **media multitasking**. This multitasking may include watching TV and using a computer⁹ or being online and engaging in more than 1 activity. In one study of older adolescents, approximately 50% of the time students were online, they were engaged in more than 1 activity.¹⁰

GAMIFICATION AND ADVERTISING

What Is Gamification? What Is the Impact of Gamification on Media Use by Children?

Gamification applies gaming elements to a real-world activity in a seamless, user-friendly, and attractive way. Commercial video games have incorporated cutting-edge graphics, behavioral reinforcers (ie, for reaching certain levels of play), and exciting stories, which have been delivered through stationary personal computers, dedicated gaming consoles, or multiplayer networks. One key difference today is the portability achieved via smartphones, mobile Wi-Fi, and broad social networks, which has changed how and where games can be played and how gaming functions can be applied. These portable “games” can now be integrated into daily life by functioning as sources for information and guidance and by providing motivation to achieve academic and wellness goals. For example, the Nike+ app tracks exercisers’ routes, pace, steps, distance, and time and challenges runners to compete with friends and improve their performance. Such design also serves to reinforce behavior (both health behaviors and for using the app), resulting in more engagement with both.¹¹

How Have Mobile and Social Media Changed the Ability of Advertisers to Reach Children and Teenagers?

Newer media have provided expanding opportunities for marketers and advertisers to adapt their messages to reach millions of children and teenagers.¹² These newer forms of media may broaden the types of products and behaviors to which children and adolescents are exposed. For example, although restrictions may exist to limit exposure to advertisements for alcohol in traditional media, research

suggests that the major alcohol brands maintain a strong presence on Facebook, Twitter, and YouTube.^{13,14}

From a marketing perspective, social media are consumer focused, allowing interaction and input that can build relationships.¹⁵ Social media also allow targeted ads that reflect content that users have posted on their own pages. In one study, researchers found that placing content related to exercise or nutrition as a status update on Facebook led to advertisements for sports gear and diets as well as junk food.¹⁵ Thus, social media ads can directly address individuals or groups who would be interested and responsive. Social media ads may also be interactive and are more affordable to create and disseminate. However, this ability for marketers to reach children through social media is understudied.

Marketing to parents of young children also is common, because advertisers know that many parents fear that their children may fall behind in the skilled use of technology without early exposure to it.¹⁶ In reality, parents can be reassured that their children will learn to use digital media quickly when they are introduced at home or in school.

BENEFITS AND OPPORTUNITIES OF MEDIA USE

Fortunately, new media use is not without its benefits, but these benefits largely depend on a child's age and developmental stage, a child's characteristics, how the media are used (eg, with a parent or without), and the media content and design.

Early Childhood

At What Age Can Infants and Toddlers Learn From Screens?

Evidence continues to show limited educational benefits of media for children younger than 2 years. Earlier American Academy of

Pediatrics (AAP) recommendations to discourage media exposure for children younger than 2 years were based on research on TV and videos, which showed that in-person interactions with parents are much more effective than video for learning of new verbal or nonverbal problem-solving skills.¹⁷ This research showed that infants and toddlers experience what was referred to as the "video deficit:" difficulty learning from 2-dimensional video representations at younger than 30 months of age.

The video deficit is thought to be attributable to infants' and young toddlers' lack of symbolic thinking, immature attentional controls, and the memory flexibility required to effectively transfer knowledge from a 2-dimensional platform to a 3-dimensional world.¹⁸ Before 2 years of age, children are still developing cognitive, language, sensorimotor, and social-emotional skills, which require hands-on exploration and social interaction with trusted caregivers for successful maturation.

Therefore, adult interaction remains crucial for toddlers to learn effectively from digital media. For example, from 12 to 24 months of age, toddlers can begin to learn novel words from commercially available "word learning" videos, but only if their parents watch with them and reteach the words, essentially using the videos as a learning scaffold to build the language skills.^{19,20} In one longitudinal study of low-income families, 14-month-olds whose mothers had talked with them during educational TV programming since infancy showed more advanced language development than infants whose mothers did not talk with them during media use (although this finding also may have reflected how much mothers spoke to children in general).²¹ The few experimental studies showing independent learning of words from videos at this age have been limited by their low ecologic validity²² or have shown that

toddlers lose the knowledge learned over time without repetition.²³

More recent research has shown that, under particular conditions, children between 15 and 24 months of age can learn from repeated viewing of video demonstrations without adult help. Dayanim and Namy showed that 15-month-olds could learn the meaning of sign language symbols after 3 weeks of watching a commercially available video 4 times per week.²⁴ However, children in a comparison study group whose parents used a book of sign language symbols to teach the content retained more knowledge about the symbols' meanings for a longer period of time.

Building parasocial relationships with TV or video characters (ie, the perceived relationship that audience members develop with characters who speak to them, such as Elmo or Dora) also has been shown to improve toddlers' learning. Calvert et al²⁵ showed that, after 3 months of playing with a personalized interactive toy, 21-month-olds could learn how to stack cups from a video demonstration by the same character, suggesting that building an emotional bond with an on-screen character improves learning potential. However, a primary limitation of such experimental studies is that they do not examine how repeated media use displaces other activities, and they do not examine longer-term outcomes. For example, in the study by Calvert and colleagues,²⁵ children randomly assigned to the group that did not receive the interactive toy for 3 months actually scored better in terms of language development at 21 months of age.

Are Touchscreens More Educational?

Pedagogic theory has long emphasized that interaction improves learning. This understanding has been the motivation for recommending covieing of media, along with evidence that

parent interaction increases young children's engagement with media and understanding of content.²⁶ The interactivity of new media via touchscreens allows apps to "know" whether a child is responding accurately and tailor responses, reinforcement, and next steps to the child's input. Theoretically, this may increase educational potential by providing scaffolding to build skills at the child's edge of competence.

Empirical evidence regarding interactive media use in infants and toddlers is sparse. **At 24 months of age, a child can learn words from live video-chatting with a responsive adult²⁷ or from carefully designed, interactive screen interfaces that prompt the child to tap on relevant learning items.²⁸** Starting at 15 months of age, toddlers can learn novel words from touchscreens in laboratory-based studies (with specially designed, not commercial, apps) but have trouble transferring this knowledge to the 3-dimensional world,²⁹ particularly if they regularly use touchscreen platforms to view entertainment media.

Is Skyping Appropriate for Infants and Toddlers?

Many parents now use video-chat (eg, Skype, Facetime) as an interactive media form that facilitates social connection with distant relatives. New evidence shows that infants and toddlers regularly engage in video-chatting,³⁰ but the same principles regarding need for parental support would apply in order for infants and toddlers to understand what they are seeing. **Because video-chat episodes usually are brief,³⁰ promote social connection, and involve support from adults, this practice should not be discouraged in infants and toddlers.**

What Is the Best Approach to Selecting Quality Content for Young Children?

High-quality TV programs (eg, Public Broadcasting Service [PBS]

programs, such as *Sesame Street* and *Mister Rogers' Neighborhood*) can demonstrably improve cognitive, linguistic, and social outcomes for children 3 to 5 years of age. Although there have been few large community-based, randomized trials, many observational studies and some small experimental ones have demonstrated that preschoolers can learn literacy, numeracy, and prosocial skills from high-quality TV programs.^{31,32} In addition, Sesame Workshop and other child content creators have been responding to current child health and developmental needs (eg, obesity, resilience) by crafting programming aimed at teaching parents and children relevant knowledge and skills.

Choosing PBS content has been found to be protective of poor executive function outcomes observed in children who start consuming media in early infancy.³³ Preschoolers randomly assigned to change from inappropriate or violent content to high-quality prosocial programming were found to have significant improvements in their externalizing and internalizing behavior,³² which also speaks to the importance of content. For families who find it difficult to modify the overall amount of media use in their homes, changing to high-quality content may be a more actionable alternative; to make these changes, pediatric providers can direct them toward curation services, such as Common Sense Media, for reviews of videos, apps, TV shows, and movies.

Are "Educational" Apps and e-Books Really Educational?

As content from PBS high-quality programs is translated into apps and game formats (eg, *Martha Speaks*, *Big Bird's Words*, and *Cookie Monster's Challenge* apps), educational benefits have been shown in preschoolers.³⁴ Unfortunately, very few of the commercially available apps found

in the educational section of app stores have evidence-based design input with demonstrated learning effectiveness. In fact, recent reviews of hundreds of toddler/preschooler apps labeled as educational have demonstrated that most apps show low educational potential, target only rote academic skills (eg, ABCs, colors), are not based on established curricula, and include almost no input from developmental specialists or educators.^{35,36} An additional concern is that the formal features (ie, bells and whistles) that are designed to engage the child in an interactive experience may actually decrease the child's comprehension or distract from social interaction between caregivers and children during use, as has been shown for e-books,³⁷ which is important, because **active parent involvement in both digital play and book reading improves children's learning from the experience.^{38,39}**

One reason that children may be less socially engaged during digital play is that gaming design involves behavioral reinforcement meant to achieve a maximum duration of engagement, which may explain why interrupting children's digital play leads to tantrums, particularly when games or videos are set on autoadvance.⁴⁰ To address these concerns, academic and industry leaders have recently recommended creating digital products for children that are appropriately engaging, but not distracting; that are designed to be used by a dual audience (ie, both parent and child) to facilitate family participation in media use and modeling of more effective social and learning interactions^{35,41}; and that have automatic "stops" as the default design to encourage children and caregivers to pause the game use and turn to the 3-dimensional world.⁴⁰

One recent app, for example, demonstrates such an adult-child dyad-centered design. Bedtime Math creates a platform and a structure for

parents and children to read stories and answer math problems together on a nightly basis. It is one of the few apps that has been tested in a randomized controlled community-based trial and shown benefits.⁴² Embedding, indeed requiring, social interactivity for functionality may hold great promise for even younger children as well. However, recent population-based surveys suggest that joint media engagement⁴³ (and designs to facilitate it)³⁵ is not as common as individual use.

School-Aged Children and Teenagers

How Can Media Use in Older Children and Teenagers Increase Collaboration and Tolerance?

Research studies as well as anecdotal reports have suggested benefits of media use for today's children and adolescents, such as communication and engagement.⁴⁴ Additional benefits include exposure to new ideas and immersive learning experiences. Many social media platforms provide tools that students can use to touch base with and collaborate with others on projects. Communicating across distance is made easier by social media; these communications may include connecting via video-chatting with family or friends who are separated geographically. Traditional and social media can also raise awareness of current events and issues, and social media can provide tools to promote community participation and civic engagement.

A study by Kidd and Castano⁴⁵ indicated that reading literary fiction improves empathy in children. Although books are a traditional form of media, the study indicates that exposure to character-focused media can break stereotypes and help children understand people from whom they differ. Internet usage/digital media consumption is positioned to have a similar impact, which is important to help children learn about, understand, and empathize with marginalized groups.

How Can Social Media Be Used To Promote Improved Health?

Health benefits of social media may include **enhanced access to valuable support networks**. These networks may be particularly helpful for patients with ongoing illnesses, conditions, or disabilities⁴⁶ as well as for those identifying as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) seeking helpful information or a welcoming community. Recent literature indicates that transgender teenagers who feel supported by their families have lower rates of depression and anxiety.⁴⁷ Connections with a supportive online community (eg, the "It Gets Better" project) may be beneficial to teenagers who identify as LGBTQI, but most such programs have not been studied to determine effects and outcomes.

Research also supports the use of social media to foster **social inclusion or peer-to-peer connection among patients who might otherwise feel excluded, for example, patients with obesity⁴⁸ or mental illness.¹³** Individuals with mental illness report greater social connectedness and feelings of group belonging when using social media in this manner, because they foster the ability to share personal stories and strategies for coping with challenges.¹⁴ The advantages of these connections include avoiding feared stigma, enhancing social networks, learning about resources from peers online, and gaining information and insight. However, **risks of such interactions can include exposure to misinformation, negativity or hostility in communications, delays in seeking out traditional resources, and unhealthy influences.**

Young adults describe the benefits of seeking health information online and through social media and recognize these channels as useful supplementary sources of information to health care visits.¹⁵

Social media may be used to enhance health and wellness and promote healthier behaviors, such as smoking cessation and balanced nutrition.⁴⁴ However, there are a myriad of easily accessible Web sites and social networks that facilitate and even promote unhealthy behaviors, such as disordered eating. "Pro-ana" (anorexia nervosa) and "pro-mia (bulimia)" sites, for example, are forums in which peers actively support restricted eating or purging and frequently offer life-threatening suggestions and advice.⁴⁹

Do Screen Time Limits Apply for Children With Disabilities Who Use Mobile Devices To Communicate?

An important benefit from new media has been the development and use of technology-aided interventions in children and adolescents with disabilities, particularly through the expanding use of assistive and interactive digital media to learn and to communicate in youth with **autism spectrum disorder (ASD),⁵⁰ physical disabilities, speech impairment, and intellectual disability to learn and communicate.⁵¹** However, because teenagers with **ASD have higher rates of problematic media use,^{52,53} limits still should be placed on entertainment media use, such as watching videos or playing gaming apps, which can represent a restricted interest in children with ASD.**

HEALTH AND DEVELOPMENTAL RISKS OF MEDIA USE

What Are the Developmental and Behavioral Risks in Early Childhood?

Population-based studies continue to show associations between excessive TV viewing in early childhood and cognitive,^{54–56} language,^{57,58} and social/emotional delays.^{59–62} Possible mechanisms for these outcomes include the effects of viewing inappropriate, adult-oriented content⁵⁴ (as well as

some inappropriate child-directed content),⁵⁸ a decrease in parent-child interaction when the TV is on,⁶³ and poorer family functioning in households with high media use.⁶⁰

An earlier age of media use onset, greater cumulative hours of media use, and content that is not of high quality all are significant independent predictors of poor executive functioning (impulse control, self-regulation, mental flexibility)³³ as well as “theory of mind” deficits (ie, the ability to understand others’ thoughts and feelings) in preschoolers.⁶⁴ Media multitasking, once thought to be a pastime only of only adolescents, now is observed even in children younger than 4 years.¹³ The orienting response to novel stimuli is very strong in young children, so their attention is drawn to the engaging and quickly changing features of digital media, such as animation, sounds, and highlighted features they can tap and swipe.⁶⁵ These features, however, may decrease young children’s comprehension.⁶⁶ It is unknown whether rapid shifts in attention to and from digital stimuli may have long-term effects on children’s attention span or information processing.

Because strong associations between **violent media content and child aggressive behavior** have been clearly documented,⁶⁷ parents should continue to monitor the content of their children’s media. Today, more children own and use mobile devices independently,¹³ making monitoring and regulation much more difficult.^{16,68} More research is needed on how parents can best supervise and guide their children’s media use.

Are Certain Children or Families More Susceptible to These Risks?

TV has been used as an “**electronic babysitter**” for decades, but recent evidence suggests that **excessive media use is more likely in infants and toddlers with a “difficult”**

temperament^{69,70} or self-regulation problems.⁷¹ Toddlers with social-emotional delays are more likely to be given a mobile device to calm them down,⁷² especially if their parents are facing parenting control challenges. However, it is not clear whether more “difficult” infants and toddlers have more positive or negative outcomes over time when exposed to longer media duration, which likely depends on content quality and other contextual factors. For example, Linebarger et al⁷³ found that the quality of parenting can modify associations between media use and child development: inappropriate content and inconsistent parenting had cumulative negative effects on low-income preschoolers’ executive function, and warm parenting and educational content interacted to produce additive benefits.

Is Media Use Linked to Obesity?

High levels of media use are linked to obesity and cardiovascular risk⁷⁴ throughout the life course, but these associations are observed starting in early childhood. For example, heavy media use during preschool years is associated with small but significant increases in BMI,⁷⁵ which sets the stage for greater weight gain later in childhood. The association between using ≥ 2 hours of media per day and obesity persists even after adjusting for children’s psychosocial risk factors or behavioral problems.⁷⁶ Research in preschoolers often uses a 2-hour cutoff to define excessive media use, but a recent study of 2-year-olds found that BMI increased for **every hour per week** of media consumed.⁷⁷ Moreover, media use behaviors may explain some of the obesity risk disparities among young black and Hispanic children.⁷⁸ None of these studies examined mobile media specifically, which may be **more easily used during meals and, therefore, distract children from satiety cues.⁷⁹**

Studies of older children and teenagers show clear correlations between increases in hours of TV viewing and higher risk of obesity.⁸⁰ In a 1996 study of 5- to 10-year-olds, the odds of being overweight were 4.6 times greater for youth watching more than 5 hours of TV per day compared with those watching 0 to 2 hours.⁸¹ This study greatly influenced the AAP recommendations for 2 hours or less of sedentary screen time daily for children 2 through 18 years of age. However, a more recent study in the Netherlands of children 4 through 13 years of age found that watching TV **over 1.5 hours per day** was a significant risk factor for obesity. In this study, however, an association between TV and obesity was only found for children 4 through 9 years of age.⁸² A large international study with almost 300 000 children and adolescents found that watching **between 1 and 3 hours of TV a day** led to a 10% to 27% increase in risk of obesity.⁸³ These more recent studies suggest that setting limits of TV viewing to between **1 and 1.5 hours a day** may be more effective to prevent obesity than the 2 hours per day standard presented in earlier AAP recommendations.

Additional studies have identified relevant factors around TV viewing beyond solely the number of hours for families to use in developing household rules. Another recent study found that the association between TV viewing and obesity risk was only significant for children who were already at the higher end of the BMI distribution.⁸⁴ A large study using a national dataset of children reported that it was not just the hours of TV viewing that predicted obesity, but the combination of low physical activity and high sedentary TV viewing that was most contributory to obesity risk.⁸⁵ A 2008 study directly examined the AAP recommendations for 2 hours a day or less of sedentary media

consumption and found that **boys who exceeded 2 hours a day of sedentary media use** were 1.7 times more likely to be overweight compared with those who had 2 hours a day or less of sedentary media use. The results for girls were much less impressive, in that girls with over 2 hours a day of sedentary media use were only 1.2 times more likely to be overweight compared with girls who had 2 hours or less of media use time.⁸⁶

The association between TV viewing and obesity previously attributed to **food advertising**⁸⁷ may now be decreased, because children watch more videos from streaming services (eg, Netflix, Hulu), which do not contain advertisements, but this has yet to be studied.

Another area of obesity risk is the presence of a TV in the bedroom. A 2007 study found that having a TV in the bedroom was an independent risk factor for obesity. A more recent study found that the combination of a TV in the bedroom and greater use of screen time had the strongest association with obesity.⁸⁸

Fortunately, studies also suggest that making efforts to reduce children's sedentary media use can have positive health effects. An intervention study focused on third and fourth graders worked with the participants to reduce time spent watching TV and playing video games. The study demonstrated that children in the intervention group reported reduced TV viewing and meals in front of the TV and had reduced BMIs, illustrating that interventions to reduce sedentary media use can positively impact health behaviors as well as BMI.⁸⁹

How Does Media Use Affect Sleep?

There is a growing body of evidence that suggests that media use negatively affects sleep.⁹⁰ Increased duration of media exposure and the presence of a TV, computer, or

mobile device in the bedroom in early childhood have been associated with **fewer minutes of sleep** per night, especially among children of racial/ethnic minority groups.⁹¹ Later bedtimes after evening media use and violent content in the media also may be contributing factors,⁹² and **suppression of endogenous melatonin by blue light** emitted from screens is another possible cause.⁹³ Associations between media and sleep are seen in infants as well; 6- to 12-month-olds who were exposed to screen media in the evening hours showed significantly shorter nighttime sleep duration than those who had no evening screen exposure.⁹⁴

Studies of older children and teenagers have found that participants with higher social media use⁹⁵ or who sleep with mobile devices in their room^{96,97} were at greater risk for sleep disturbances. One study of adults found that taking a phone into the bedroom led to longer sleep latency, worse sleep quality, more sleep disturbance, and more daytime dysfunction.⁹⁸ This study illustrates the multiple mechanisms by which media use around bedtime, or during bedtime, can disrupt sleep and affect daytime function.

Bruni et al⁹⁰ studied the use of technology on sleep quality in adolescents and preadolescents. Adolescents' bad sleep quality was associated consistently with greater mobile phone use and the number of devices in the bedroom, and in preadolescents, bad sleep quality was associated with greater Internet use and later media turn-off time. The authors concluded that evening circadian preference, mobile phone and Internet use, the number of other activities engaged in after 9:00 PM, later media turning-off time, and the number of devices in the bedroom have different, but significant, negative influences on sleep quality in preadolescents and adolescents.⁹⁰ Similarly, Lemola et al⁹⁹ reported

associations between electronic media use in bed before sleep, sleep difficulties, and symptoms of depression in teenagers.

Daytime screen use may also affect sleep. According to a Norwegian study, daytime and bedtime use of electronic devices *both* affected sleep measures, with an increased risk of short sleep duration, long sleep onset latency, and increased sleep deficiency. A dose-response relationship emerged between sleep duration and use of electronic devices.¹⁰⁰ Ensuring that children and teenagers obtain the necessary hours of healthy sleep is an important goal of a Family Media Use Plan (www.healthychildren.org/MediaUsePlan).

What Are the Risks of Social Media Use In School-Aged Children and Teenagers?

The links between media and health behaviors among adolescents have been backed by decades of evidence in traditional media.¹⁰¹⁻¹⁰⁴ Studies have shown that exposure to alcohol or tobacco use or risky sexual behaviors in TV or movies is associated with initiation of these behaviors,^{101,102,105,106} leading some to describe TV as a "superpeer."¹⁰⁷ A growing body of evidence suggests that these influences also are strong in digital and social media. Several studies have illustrated that adolescents' displays on social media frequently include portrayal of risky health behaviors, such as **illegal alcohol use or overuse, illicit substance use, high-risk sexual behaviors, and harmful behaviors, such as self-injury and disordered eating.**¹⁰⁸⁻¹¹² A growing body of evidence suggests that peer viewers of this content are influenced to see these behaviors as normative and desirable.¹¹³⁻¹¹⁵ Social media combine the power of interpersonal persuasion with the reach of mass media. Fogg described this mass interpersonal persuasion as

“the most significant advance in persuasion since radio was invented in the 1890s.”¹¹⁶

Although restrictions exist to protect youth and children from exposure to alcohol, tobacco, and marijuana advertisements on traditional media platforms, such as TV, there is concern about the extent to which youth are exposed to promotion of these substances on social media Web sites from marketers or peers. For example, research from both the United States and the United Kingdom indicate that the major alcohol brands maintain a strong advertising presence on Facebook, Twitter, and YouTube.^{13,14} Targeted advertising via social media may have a significant effect on adolescent behavior.

How Does Media Use in School-Aged Children and Teenagers Relate to Mental Health?

Research studies have identified both benefits and concerns regarding mental health and media use. In one longitudinal panel survey, 396 white and black preadolescent boys and girls were assessed to determine the long-term effects of TV consumption on global self-esteem. TV exposure was found to be significantly related to self-esteem, but whether it increased or decreased self-esteem was influenced by demographic factors. Greater exposure resulted in a decrease in self-esteem for both white and black girls and for black boys but resulted in an increase in self-esteem for white boys.¹¹⁷ Analyzing these results, the authors postulate that the majority of the TV content served to reinforce both gender-role and racial stereotypes, which tended to be positive for white boys but not the other groups. The authors suggested that the black children and white girls could be internalizing the “social norms” portrayed and using these messages as a basis for self-evaluation, negatively affecting their self-esteem. There is also an opportunity cost

when more TV viewing displaces real-life experiences that might build self-esteem.

The interactive and selective components of social media may offset some of these traditional media drawbacks, because social media use in moderation can enhance social support and connection. However, use in moderation and the specific way in which social media are used may be the key. Previous research has suggested a U-shaped relationship between Internet use and depression, with increased risks for depression at both the high and low ends of Internet use.^{118,119}

A recent study examined social media use and depression and found a positive association.¹²⁰ Older adolescents who used social media passively by solely viewing content reported declines in well-being and life satisfaction, whereas those who used social media actively by interacting with others and posting content did not experience these declines.¹²¹ Another study found that teenagers who used Instagram to follow strangers and engage in social comparisons had higher depression symptoms, but others who followed friends and engaged in less social comparison had fewer depression symptoms.¹²² These studies illustrate that, beyond the number of hours spent on social media, a key factor is how an individual uses social media.

Do Children and Adolescents Understand the Privacy Risks Associated With Social Media Use?

An important issue across all social media and interactive apps is privacy, because content that a child or adolescent chooses to post on any site or app becomes public in some way. Removal of such content may be difficult or impossible. Previous work suggests that adolescents vary in their understanding of privacy practices, and even among those who do know how to set privacy settings, many choose not to do so.¹²³⁻¹²⁵

Despite efforts by some social media sites to protect privacy or even to delete content after it is viewed, privacy violations and content sharing are always possible.^{126,127} This risk illustrates the need for continued discussion about media and privacy with children and teenagers with parents, caregivers, teachers, and other responsible adults. These discussions should be included in schools through their digital citizenship programs and in pediatric well-child examinations with parents and teenagers. Pediatricians can introduce and work with families to develop a Family Media Use Plan (see the AAP guide to making a plan at www.healthychildren.org/MediaUsePlan) that can mitigate or avoid such risks.

Is Cyberbullying Different From Traditional Bullying?

Cyberbullying is commonly defined as “an aggressive, intentional act or behavior that is carried out by a group or an individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself.”¹²⁸ Unfortunately, there are many online platforms in which bullying may take place, including E-mail, blogs, social networking Web sites/apps, online games, and text messaging. There is clear overlap between cyberbullying and traditional bullying,¹²⁹ but several features of online bullying present new challenges. These challenges include that perpetrators can bully at any time of day and can be anonymous, the rapidity with which information can spread online,¹³⁰ and the fluidity with which bully and target roles can switch in the online world. Estimates of the number of youth who experience cyberbullying vary, ranging from 10% to 40%, depending on the age group and how cyberbullying is defined.

Cyberbullying shares many similarities and a few key differences

with traditional bullying. For example, victims of cyberbullying often do not know who the bully is or why they are being targeted, the hurtful actions of a cyberbully can reach a child or teenager anytime he or she uses a smartphone or computer (so there is no safe haven of home), and the bullying messages can also spread virally through the Internet to many other people at school or in the community, making this type of bullying potentially very embarrassing and lasting.

Descriptive research has shown that vulnerable populations exist and are more likely to be targeted for bullying. Youths identifying as **LGBTQI** are more likely to be victimized in bullying dynamics and are at risk online as well.¹³¹ Children and adolescents with **ASD** are a population particularly vulnerable to bullying (<https://www.autismspeaks.org/family-services/bullying>) and could easily be a target for cyberbullying. The 2016 National Academies of Sciences, Engineering, and Medicine report, "Preventing Bullying Through Science, Policy, and Practice,"¹³² addressed the concept of populations vulnerable to bullying to propose that there is a need for research that moves beyond descriptive studies and labeling of youth as vulnerable and considers processes that can explain why individuals may have differences in their bullying experiences and consequences depending on their context.

Previous studies have examined the negative effects that cyberbullying can have on both bullies and victims. Victims are more likely to report **lower grades and other academic problems as a result of the experience**. Similar to traditional bullying, cyberbullying can lead to short- and long-term^{133,134} negative social, academic, and health¹³⁴⁻¹³⁷ consequences for both the perpetrator and target. Both bullies and victims often report higher

levels of depression and lower self-esteem. Victims were at higher risk of both suicidal ideation and suicide attempts.

Fortunately, newer studies suggest that interventions targeting bullying also may reduce cyberbullying.¹³⁸ Moreno states: **"Parents can play a role in preventing cyberbullying by educating their children about appropriate online behaviors. Parents should have discussions early and often about their child's friendships and relationships to develop and maintain open communication about these topics."**¹³⁹ The Centers for Disease Control and Prevention panel reviewing effective prevention strategies recommends media literacy education as a "promising approach," along with collaborative strategies among teenagers, parents, and schools that encourage victims to report cyberbullying and seek adult support.¹⁴⁰

What Is Sexting and How Can the Risks of Sexting Be Avoided or Addressed?

Sexting is a serious issue in adolescence. Sexting is commonly defined as the electronic transmission of nude or seminude images as well as sexually explicit text messages.¹¹¹ It is estimated that approximately 12% of youth 10 to 19 years of age have ever sent a sexual photo to someone else¹¹²; sadly, many youth who have participated in sexting report having felt pressured into sending a sext. When dealing with youth and sexting, adults, authorities, and schools need to be aware that the situation may be more complicated.

Spencer et al¹⁴¹ examined sexting and youth in an urban population; 55 youth presenting for care at the Teen Health Center at Children's Hospital Los Angeles were surveyed to evaluate prevalence and sexting behaviors, such as forwarding sexts, reasons for sending sexts, and youths' concerns regarding sexting. Of those

surveyed, 48.5% of girls and 63.6% of boys had sent a sext, and 70% of girls and 82% of boys had received a sext. The authors report that girls expressed significantly more concern than boys about how sexting could affect their reputation, including getting caught by an adult with a sext and how others would think of them. Fortunately, 52% of respondents said they would be comfortable talking with their doctor about sexting. Pediatricians may, therefore, find their teen patients receptive to a conversation about sexting and its implications and risks.

Ybarra and Mitchell, in their article, "'Sexting' and its relation to sexual activity and sexual risk behavior in a national survey of adolescents,"¹⁴² suggest that **sexting is related to behaviors indicative of psychosocial challenge and risky sexual behavior for some youth**. Significant findings include a higher frequency of sexting among females and lesbian, gay, and bisexual youth. Additionally, a greater number of past-year sex partners and a greater odds of depression and substance abuse were found among teenagers who sext.

Findings related to lesbian, gay, and bisexual populations are consistent with previous studies on sexting; of note, transgender youth were not included. Earlier research had demonstrated a significant association between sexting and risky sexual behaviors in lesbian, gay, bisexual, and transgender youth.¹⁴²

Ybarra and Mitchell's study¹⁴² found that sexting was indicative of sexual activity and risky sexual behaviors, and further research may identify predictive outcomes of sexting. One study suggests that sexting may precede sexual intercourse.¹⁴² The predictive value of a sexting history may inform sex education and HEEADSSS (**h**ome, **e**ducation & **e**mployment, **e**ating, **a**ctivities, **d**rugs, **s**exuality, **s**uicide/depression,

and safety) assessments. Moreover, discussions between pediatricians and teenagers about sexting may indicate risky sexual behaviors and a number of psychosocial issues, such as depression, anxiety, and low self-esteem, that may be further addressed.

Temple et al¹⁴³ examined whether adolescents who report sexting exhibited more psychosocial health problems than their nonsexting counterparts. The authors reported that teen sexting was significantly associated with symptoms of depression, impulsivity, and substance use. When adjusted for previous sexual behavior, age, gender, race/ethnicity, and parent education, however, sexting was only related to impulsivity and substance use. The authors concluded that “while teen sexting appears to correlate with impulsive and high-risk behaviors (substance use), we did not find sexting to be a marker of mental health.”¹⁴³

Sexting is a behavior that will likely continue and expand with technologic advances that make photography and communication more accessible. Active debate continues regarding the ethical and legal components of sexting, especially among underage youth. Concerns include the identification of sexts as pornography or sexual misconduct. Even consensual, noncoercive sexting may result in criminal prosecution that may lead to long-term legal consequences.

Addressing risky sexual behaviors and psychological symptoms associated with sexting through education and guidance should help to promote wellness and responsibility within adolescent populations. Further research evaluating sexting among gender minority populations (eg, transgender adolescents) also will be valuable in understanding and discouraging the behavior

and providing safer and less risky alternatives for social connections.

CHILD PORNOGRAPHY AND CHILD ABUSE

How Has Social Media Changed the Landscape of Child Pornography and Child Abuse?

Unfortunately, the Internet has also created opportunities for the exploitation of children by sex offenders. Online predators can gain access to children and teenagers through social networking, chat rooms, E-mail, and online games. Cases of child trafficking, cybergrooming, and sexual abuse for private and commercial purposes have increased with the help of the anonymous cyberspace environment. For example, online grooming leads to establishment of a trusting relationship, often with the perpetrator misrepresenting himself as another child or teenager. This developing online relationship may lead to sexting or to convincing the child to meet the perpetrator in person. Children may be deceived, tricked, or coerced into engaging in sexual acts for the production of child sexual abuse materials (child pornography), which then can circulate online for years to come. Child sexual abuse images often involve young and very young children. Of 43 597 children assessed in sexual abuse images and videos, 49.6% appeared to have a sexual maturity rating of 1, and 28.7% appeared to have a sexual maturity rating of 2.¹⁴⁴ Besides the adverse effects associated with child sexual abuse,^{145,146} victims who have had online sexual images (pornography and sexting) posted may experience significant anxiety and stress related to knowledge that the abuse images may be downloaded and viewed by millions of people for an indefinite period of time. Thus, the exploitation continues for months and years after the images were obtained.¹⁴⁴

Online child sexual exploitation also may involve recruitment and advertisement of children for prostitution and other forms of exploitation.¹⁴⁷ The Internet may be used by human traffickers to facilitate movement of victims and to manage a criminal network.¹⁴⁸

Internet-initiated sex crimes involving offenders who meet and groom children online tend to involve adolescents rather than very young children: 99% of victims in one study were 13 to 17 years old, and 48% were 13 to 14 years old. Many of these crimes involve face-to-face sexual contact, which the victim perceives as “consensual.” Sexual relationships in early adolescence are associated with an increased risk of social, academic, and behavioral adverse outcomes.^{149,150}

Research has shown that parents underestimate the likelihood that their child might engage in online conversation with people they do not know. Therefore, it is critical that parents promote online safety with their children from an early age, monitor children’s Internet use, and use tools, such as parental control software, to maintain awareness of their child’s online activities.¹⁵¹ Pediatricians should consider asking appropriate questions to explore this possibility and to educate youth about protecting themselves from exploitation. All health care professionals should report any suspicions of sexual abuse/exploitation as per child abuse reporting laws.

USE OF MEDIA BY PARENTS AND CAREGIVERS

What Effect Does Parent Media Use Have on Young and School-Aged Children and Teenagers?

Parents and caregivers play an important role in modeling optimal behaviors for their children in general, including when it comes to

the consumption and use of media. The growth of digital and social media, particularly in the last 5 years, has seen dramatic increases in adults' use of social media as well as use by children and teenagers; **more than 70% of adults now use social media¹⁵² and 27% report feeling "addicted" to their mobile devices.⁷**

Social media can provide positive social experiences for adults, such as opportunities for parents to connect with their child in a college dorm via video-chatting services. Such services also can promote social and emotional connection among distant relatives or deployed parents and children. However, **some parents can, themselves, overuse digital media.**

For example, research has shown that parents' own TV viewing distracts from parent-child interactions¹⁵³ and children's play.¹⁵⁴ Children younger than 2 years are more likely to be exposed to and watch inappropriate "background" media (eg, TV) than older children.¹⁵⁵ Heavy parent use of mobile devices is associated with fewer verbal and nonverbal interactions between parents and children¹⁵⁶ and may be associated with more parent-child conflict.¹⁵⁷

Because **parent media use is a strong predictor of child media habits,¹⁵⁸** reducing parental TV viewing, including "background" TV, and enhancing parent-child interactions may be an important area of behavior change that pediatricians can help to facilitate. Because parent-child interactions during family routines are an important opportunity for emotional connection, have been shown to be protective of child health outcomes, such as asthma and high-risk behavior,¹⁵⁹ and are the primary driver of early childhood development of language, cognition, social skills, and emotion regulation, it is important to preserve them. Parents often report feeling that technology speeds up their lives and work demands¹⁶⁰ and that it is difficult to multitask between

technology and childrearing, so pediatric providers can support their efforts to create boundaries and "unplugged" zones in their households.

THE FAMILY MEDIA USE PLAN

- How can pediatric health care providers help families use media in healthy ways?
- What is the AAP Family Media Use Plan?

Pediatricians and other pediatric health care professionals can be helpful resources for families seeking specific advice about how to develop and individualize family rules and guidelines to meet their distinct needs. Unfortunately, only 16% of pediatricians ask families about their media use. In addition, only 29% of parents report relying on their pediatrician for advice about broadcast and social media, although those who do tend to follow AAP recommendations.¹⁶¹

When discussing media use with families, pediatric health care providers can print out and help families begin completing the AAP Family Media Use Plan (www.healthychildren.org/MediaUsePlan). Providers can discuss with parents and developmentally ready children how each of the media-specific behaviors and health concerns can be addressed through practical, family-centered approaches. The Family Media Use Plan can act as a teaching tool through which pediatricians can provide information about the benefits and health risks of both traditional and new media. The potential risks of interactive media, such as reduced physical activity, inadequate sleep, and unhealthy influences like cyberbullying and weight bias, are important to discuss with families as well.

The plan also can be a tool through which the pediatrician can explore

and understand each family's values and health goals—for example, how good nutrition, an active lifestyle, good sleep hygiene, parent-child emotional connection, and creative play fit into the family's typical day—and identify areas in which good health and wellness can be enhanced. Pediatricians can suggest ways in which media can be used to connect, learn, and create instead of simply consume.

These discussions can also allow pediatric health care providers to consider screening for problematic Internet use and Internet gaming disorder using validated tools, such as the Internet Gaming Disorder scale (https://www.researchgate.net/publication/270652917_The_Internet_Gaming_Disorder_Scale) and the Problematic and Risky Internet Use Screening Scale (http://mediad.publicbroadcasting.net/p/kplu/files/201502/PRIUSS_scale_and_guidelines.pdf).

If challenges in implementing a media use plan are anticipated, pediatric health care providers can consider introducing motivational interviewing or engaging in problem solving with parents and children about possible solutions. The pediatrician has an opportunity to discuss specific tools to address identified family needs and concerns, including social services and community resources, if needed. Finally, the pediatrician may be able to provide families with referrals to educational and informational resources, such as vetted Web sites (eg, www.HealthyChildren.org).

CONCLUSIONS

New digital and social media facilitate and promote social interactions as well as participation and engagement that involve both viewing and creating content. The effects of media use, however, are multifactorial and depend on the

type of media, the type of use, the amount and extent of use, and the characteristics of the individual child or adolescent using the media. Children today are growing up in an era of highly personalized media use experiences; therefore, parents should be encouraged to develop personalized Family Media Use Plans for their families that attend to each child's age, health, temperament, and developmental stage and ensure that each child can practice and benefit from the essentials for healthy growth and development, such as a healthy diet, good sleep hygiene, adequate physical activity, and positive social interactions.

Parents should recognize and understand their own roles in modeling appropriate media use and balance between media time and other activities. Pediatricians can help families identify and adopt a healthy Family Media Use Plan, minimize unhealthy habits and behaviors, and recognize and address issues that occur related to the use of traditional and new media that can negatively affect health, wellness, social and personal development, and academic performance and success.

LEAD AUTHORS

Yolanda (Linda) Reid Chassiakos, MD, FAAP
 Jenny Radesky, MD, FAAP
 Dimitri Christakis, MD, FAAP
 Megan A. Moreno, MD, MEd, MPH, FAAP
 Corinn Cross, MD, FAAP

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LIAISONS

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 Brian Wilcox, PhD – *American Psychological Association*

STAFF

Thomas McPherson

ABBREVIATIONS

AAP: American Academy of Pediatrics
 app: application
 ASD: autism spectrum disorder
 LGBTQI: lesbian, gay, bisexual, transgender, questioning, or intersex
 PBS: Public Broadcasting Service
 TV: television

REFERENCES

- Loprinzi PD, Davis RE. Secular trends in parent-reported television viewing among children in the United States, 2001-2012. *Child Care Health Dev.* 2016;42(2):288–291
- Screening out screen time: parents limit media use for young children. *C.S. Mott Children's Hospital National Poll on Children's Health.* 2014;21(1):1–2. Available at: www.mottnpch.org/reports-surveys/screening-out-screen-time-parents-limit-media-use-young-children. Accessed May 16, 2016
- Rideout V. *Zero to Eight: Children's Media Use in America.* San Francisco, CA: Common Sense Media; 2011
- Rideout V. *Zero to Eight: Children's Media Use in America.* San Francisco, CA: Common Sense Media; 2013
- Kabali HK, Irigoyen MM, Nunez-Davis R, et al. Exposure and use of mobile media devices by young children. *Pediatrics.* 2015;136(6):1044–1050
- Lenhart A. *Teens, Social Media & Technology Overview 2015.* Washington, DC: Pew Internet and American Life Project; 2015
- Felt LJ, Robb MB. *Technology Addiction: Concern, Controversy, and Finding a*

Balance. San Francisco, CA: Common Sense Media; 2016, Available at <https://www.commonsensemedia.org/research/technology-addiction-concern-controversy-and-finding-balance>. Accessed May 16, 2016

- Entertainment Software Association. *2015 Sales, Demographic, and Usage Data. Essential Facts About the Computer and Video Game Industry.* Washington, DC: Entertainment Software Association; 2015
- Brasel SA, Gips J. Media multitasking behavior: concurrent television and computer usage. *Cyberpsychol Behav Soc Netw.* 2011;14(9):527–534
- Moreno MA, Jelenchick L, Koff R, Eickhoff JE, Diermyer C, Christakis DA. Internet use and multitasking among older adolescents: an experience sampling approach. *Comput Human Behav.* 2012;28(4):1097–1102
- Kim B. The popularity of gamification in the mobile and social era. *Libr Technol Rep.* 2015;51(2):5–9
- Blakeman R. *Nontraditional Media in Marketing and Advertising.* Thousand Oaks, CA: Sage Publications; 2014
- Winpenny EM, Marteau TM, Nolte E. Exposure of children and adolescents to alcohol marketing on social media websites. *Alcohol Alcohol.* 2014;49(2):154–159
- Jernigan DH, Rushman AE. Measuring youth exposure to alcohol marketing on social networking sites: challenges and prospects. *J Public Health Policy.* 2014;35(1):91–104
- Villiard H, Moreno MA. Fitness on facebook: advertisements generated in response to profile content. *Cyberpsychol Behav Soc Netw.* 2012;15(10):564–568
- Radesky JS, Eisenberg S, Kistin CJ, et al. Overstimulated consumers or next-generation learners? Parent tensions about child mobile technology use. *Ann Fam Med.* 2016, In press
- Brown A; Council on Communications and Media. Media use by children younger than 2 years. *Pediatrics.* 2011;128(5):1040–1045
- Barr R. Memory constraints on infant learning from picture books, television, and touchscreens. *Child Dev Perspect.* 2013;7(4):205–210

19. DeLoache JS, Chiong C, Sherman K, et al. Do babies learn from baby media? *Psychol Sci*. 2010;21(11):1570–1574
20. Richert RA, Robb MB, Fender JG, Wartella E. Word learning from baby videos. *Arch Pediatr Adolesc Med*. 2010;164(5):432–437
21. Mendelsohn AL, Brockmeyer CA, Dreyer BP, Fierman AH, Berkule-Silberman SB, Tomopoulos S. Do verbal interactions with infants during electronic media exposure mitigate adverse impacts on their language development as toddlers? *Infant Child Dev*. 2010;19(6):577–593
22. Vandewater EA, Barr RF, Park SE, Lee S. A US Study of transfer of learning from video to books in toddlers. *J Child Media*. 2010;4(4):451–467
23. Brito N, Barr R, McIntyre P, Simcock G. Long-term transfer of learning from books and video during toddlerhood. *J Exp Child Psychol*. 2012;111(1):108–119
24. Dayanim S, Namy LL. Infants learn baby signs from video. *Child Dev*. 2015;86(3):800–811
25. Galvert SL, Richards MN, Kent CC. Personalized interactive characters for toddlers' learning of seriation from a video presentation. *J Appl Dec Psychol*. 2014;35(3):148–155
26. Fidler AE, Zack E, Barr R. Television viewing patterns in 6-to 18-month-olds: the role of caregiver–infant interactional quality. *Infancy*. 2010;15(2):176–196
27. Roseberry S, Hirsh-Pasek K, Golinkoff RM. Skype me! Socially contingent interactions help toddlers learn language. *Child Dev*. 2014;85(3):956–970
28. Kirkorian HL, Choi K, Pempek TA. Toddlers' word learning from contingent and noncontingent video on touch screens. *Child Dev*. 2016;87(2):405–413
29. Zack E, Gerhardstein P, Meltzoff AN, Barr R. 15-month-olds' transfer of learning between touch screen and real-world displays: language cues and cognitive loads. *Scand J Psychol*. 2013;54(1):20–25
30. McClure ER, Chentsova-Dutton YE, Barr RF, Holochwost SJ, Parrott WG. "Facetime doesn't count": video chat as an exception to media restrictions for infants and toddlers. *Int J Child-Computer Interact*. 2015;6:1–6
31. Anderson DR, Huston AC, Schmitt KL, Linebarger DL, Wright JC. Early childhood television viewing and adolescent behavior: the recontact study. *Monogr Soc Res Child Dev*. 2001;66(1):I–VIII, 1–147
32. Christakis DA, Garrison MM, Herrenkohl T, et al. Modifying media content for preschool children: a randomized controlled trial. *Pediatrics*. 2013;131(3):431–438
33. Nathanson AI, Aladé F, Sharp ML, Rasmussen EE, Christy K. The relation between television exposure and executive function among preschoolers. *Dev Psychol*. 2014;50(5):1497–1506
34. Chiong C, Shuler C. *Learning: is there an app for that? Investigations of young children's usage and learning with mobile devices and apps*. New York, NY: The Joan Ganz Cooney Center at Sesame Workshop; 2010, Available at http://www-tc.pbskids.org/read/files/cooney_learning_apps.pdf. Accessed May 9, 2016
35. Vaala S, Ly A, Levine M. *Getting a Read on the App Stores: A Market Scan and Analysis of Children's Literacy Apps*. New York: The Joan Ganz Cooney Center at Sesame Workshop; 2015. Available at www.joanganzcooneycenter.org/wp-content/uploads/2015/12/jgcc_gettingaread.pdf. Accessed May 9, 2016
36. Guernsey L, Levine MH. *Tap Click Read: Growing Readers in a World of Screens*. San Francisco, CA: Jossey-Bass; 2015
37. Bus AG, Takacs ZK, Kegel CA. Affordances and limitations of electronic storybooks for young children's emergent literacy. *Dev Rev*. 2015;35:79–97
38. Lauricella AR, Barr R, Calvert SL. Parent–child interactions during traditional and computer storybook reading for children's comprehension: implications for electronic storybook design. *Int J Child-Computer Interact*. 2014;2(1):17–25
39. Strouse GA, O'Doherty K, Troseth GL. Effective coviewing: Preschoolers' learning from video after a dialogic questioning intervention. *Dev Psychol*. 2013;49(12):2368–2382
40. Hiniker A, Suh H, Cao S, Kientz JA. Screen time tantrums: how families manage screen media experiences for toddlers and preschoolers. In: *CHI'16. Proceedings of the 2016 CHI Conference on Human Factors in Computing Systems*; May 7–12, 2016; New York, NY. 648–660. Available at: <http://dl.acm.org/citation.cfm?doid=2858036.2858278>. Accessed May 9, 2016
41. Hirsh-Pasek K, Zosh JM, Golinkoff RM, Gray JH, Robb MB, Kaufman J. Putting education in "educational" apps: lessons from the science of learning. *Psychol Sci Public Interest*. 2015;16(1):3–34
42. Berkowitz T, Schaeffer MW, Maloney EA, et al. Math at home adds up to achievement in school. *Science*. 2015;350(6257):196–198
43. Wartella E. *Parenting in the Age of Digital Technology*. Chicago, IL: Northwestern University Press; 2013
44. Moreno MA, Gannon KE. Social media and health. In: Rosen D, Joffe A, eds. *AM STARs Adolescent Medicine: State of the Art Reviews*. Young Adult Health. 2013;24(3):538–552
45. Kidd DC, Castano E. Reading literary fiction improves theory of mind. *Science*. 2013;342(6156):377–380
46. Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ. The future of mental health care: peer-to-peer support and social media. *Epidemiol Psychiatr Sci*. 2016;25(2):113–122
47. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics*. 2016;137(3). Available at: <http://pediatrics.aappublications.org/content/137/3/e20153223>.
48. Dickins M, Browning C, Feldman S, Thomas S. Social inclusion and the Fatosphere: the role of an online weblogging community in fostering social inclusion. *Sociol Health Illn*. 2016;38(5):797–811

49. Social Issues Research Centre. Totally in control: the rise of pro-ana/pro-mia websites. Available at: www.sirc.org/articles/totally_in_control2.shtml. Accessed May 9, 2016
50. Odom SL, Thompson JL, Hedges S, et al. Technology-aided interventions and instruction for adolescents with autism spectrum disorder. *J Autism Dev Disord*. 2015;45(12):3805–3819
51. Desch LW, Gaebler-Spira D; Council on Children With Disabilities. Prescribing assistive-technology systems: focus on children with impaired communication. *Pediatrics*. 2008;121(6):1271–1280
52. Mazurek MO, Wenstrup C. Television, video game and social media use among children with ASD and typically developing siblings. *J Autism Dev Disord*. 2013;43(6):1258–1271
53. Mazurek MO, Shattuck PT, Wagner M, Cooper BP. Prevalence and correlates of screen-based media use among youths with autism spectrum disorders. *J Autism Dev Disord*. 2012;42(8):1757–1767
54. Tomopoulos S, Dreyer BP, Berkule S, Fierman AH, Brockmeyer C, Mendelsohn AL. Infant media exposure and toddler development. *Arch Pediatr Adolesc Med*. 2010;164(12):1105–1111
55. Schmidt ME, Rich M, Rifas-Shiman SL, Oken E, Taveras EM. Television viewing in infancy and child cognition at 3 years of age in a US cohort. *Pediatrics*. 2009;123(3). Available at: <http://pediatrics.aappublications.org/content/123/3/e370>
56. Lin LY, Cherng RJ, Chen YJ, Chen YJ, Yang HM. Effects of television exposure on developmental skills among young children. *Infant Behav Dev*. 2015;38:20–26
57. Zimmerman FJ, Christakis DA, Meltzoff AN. Associations between media viewing and language development in children under age 2 years. *J Pediatr*. 2007;151(4):364–368
58. Duch H, Fisher EM, Ensari I, et al. Association of screen time use and language development in Hispanic toddlers: a cross-sectional and longitudinal study. *Clin Pediatr (Phila)*. 2013;52(9):857–865
59. Tomopoulos S, Dreyer BP, Valdez P, et al. Media content and externalizing behaviors in Latino toddlers. *Ambul Pediatr*. 2007;7(3):232–238
60. Hinkley T, Verbestel V, Ahrens W, et al; IDEFICS Consortium. Early childhood electronic media use as a predictor of poorer well-being: a prospective cohort study. *JAMA Pediatr*. 2014;168(5):485–492
61. Pagani LS, Fitzpatrick C, Barnett TA, Dubow E. Prospective associations between early childhood television exposure and academic, psychosocial, and physical well-being by middle childhood. *Arch Pediatr Adolesc Med*. 2010;164(5):425–431
62. Conners-Burrow NA, McKelvey LM, Fussell JJ. Social outcomes associated with media viewing habits of low-income preschool children. *Early Educ Dev*. 2011;22(2):256–273
63. Christakis DA, Gilkerson J, Richards JA, et al. Audible television and decreased adult words, infant vocalizations, and conversational turns: a population-based study. *Arch Pediatr Adolesc Med*. 2009;163(6):554–558
64. Nathanson AI, Sharp ML, Alade F, Rasmussen EE, Christy K. The relation between television exposure and theory of mind among preschoolers. *Dev Psychol*. 2014;50(5):1497–1506
65. Rothbart MK, Posner MI. The developing brain in a multitasking world. *Dev Rev*. 2015;35(35):42–63
66. Goodrich SA, Pempek TA, Calvert SL. Formal production features of infant and toddler DVDs. *Arch Pediatr Adolesc Med*. 2009;163(12):1151–1156
67. American Academy of Pediatrics, Council on Communications and Media. Virtual violence statement. *Pediatrics*. 2016;138(1). Available at: <http://pediatrics.aappublications.org/content/early/2016/07/14/peds.2016-1298>.
68. Hiniker A, Schoenebeck SY, Kientz JA. Not at the dinner table: parents' and children's perspectives on family technology rules. In: *CSCW '16: Proceedings of the 19th ACM Conference on Computer-Supported Cooperative Work & Social Computing*; February 27–March 2, 2016; New York, NY. 1376–1389. Available at <http://dl.acm.org/citation.cfm?doid=2818048.2819940>. Accessed May 9, 2016
69. Thompson AL, Adair LS, Bentley ME. Maternal characteristics and perception of temperament associated with infant TV exposure. *Pediatrics*. 2013;131(2). Available at: <http://pediatrics.aappublications.org/content/131/2/e390>
70. Sugawara M, Matsumoto S, Murohashi H, Sakai A, Isshiki N. Trajectories of early television contact in Japan: relationship with preschoolers' externalizing problems. *J Child Media*. 2015;9(4):453–471
71. Radesky JS, Silverstein M, Zuckerman B, Christakis DA. Infant self-regulation and early childhood media exposure. *Pediatrics*. 2014;133(5). Available at: <http://pediatrics.aappublications.org/content/133/5/e1172>
72. Radesky JS, Peacock-Chambers E, Zuckerman B, Silverstein M. Use of mobile technology to calm upset children: associations with social-emotional development. *JAMA Pediatr*. 2016;170(4):397–399
73. Linebarger DL, Barr R, Lapierre MA, Piotrowski JT. Associations between parenting, media use, cumulative risk, and children's executive functioning. *J Dev Behav Pediatr*. 2014;35(6):367–377
74. Bel-Serrat S, Mouratidou T, Santaliestra-Pasias AM, et al; IDEFICS consortium. Clustering of multiple lifestyle behaviours and its association to cardiovascular risk factors in children: the IDEFICS study. *Eur J Clin Nutr*. 2013;67(8):848–854
75. Cox R, Skouteris H, Rutherford L, Fuller-Tyszkiewicz M, Dell' Aquila D, Hardy LL. Television viewing, television content, food intake, physical activity and body mass index: a cross-sectional study of preschool children aged 2-6 years. *Health Promot J Austr*. 2012;23(1):58–62
76. Suglia SF, Duarte CS, Chambers EC, Boynton-Jarrett R. Social and behavioral risk factors for obesity in early childhood. *J Dev Behav Pediatr*. 2013;34(8):549–556
77. Wen LM, Baur LA, Rissel C, Xu H, Simpson JM. Correlates of body mass

- index and overweight and obesity of children aged 2 years: findings from the healthy beginnings trial. *Obesity (Silver Spring)*. 2014;22(7):1723–1730
78. Taveras EM, Gillman MW, Kleinman KP, Rich-Edwards JW, Rifas-Shiman SL. Reducing racial/ethnic disparities in childhood obesity: the role of early life risk factors. *JAMA Pediatr*. 2013;167(8):731–738
 79. Bellissimo N, Pencharz PB, Thomas SG, Anderson GH. Effect of television viewing at mealtime on food intake after a glucose preload in boys. *Pediatr Res*. 2007;61(6):745–749
 80. Proctor MH, Moore LL, Gao D, et al. Television viewing and change in body fat from preschool to early adolescence: The Framingham Children's Study. *Int J Obes Relat Metab Disord*. 2003;27(7):827–833
 81. Gortmaker SL, Must A, Sobol AM, Peterson K, Colditz GA, Dietz WH. Television viewing as a cause of increasing obesity among children in the United States, 1986–1990. *Arch Pediatr Adolesc Med*. 1996;150(4):356–362
 82. de Jong E, Visscher TL, HiraSing RA, Heymans MW, Seidell JC, Renders CM. Association between TV viewing, computer use and overweight, determinants and competing activities of screen time in 4- to 13-year-old children. *Int J Obes*. 2013;37(1):47–53
 83. Braithwaite I, Stewart AW, Hancox RJ, Beasley R, Murphy R, Mitchell EA; ISAAC Phase Three Study Group. The worldwide association between television viewing and obesity in children and adolescents: cross sectional study. *PLoS One*. 2013;8(9):e74263
 84. Mitchell JA, Rodríguez D, Schmitz KH, Audrain-McGovern J. Greater screen time is associated with adolescent obesity: a longitudinal study of the BMI distribution from Ages 14 to 18. *Obesity (Silver Spring)*. 2013;21(3):572–575
 85. Sisson SB, Broyles ST, Baker BL, Katzmarzyk PT. Screen time, physical activity, and overweight in U.S. youth: national survey of children's health 2003. *J Adolesc Health*. 2010;47(3):309–311
 86. Laurson KR, Eisenmann JC, Welk GJ, Wickel EE, Gentile DA, Walsh DA. Combined influence of physical activity and screen time recommendations on childhood overweight. *J Pediatr*. 2008;153(2):209–214
 87. Zimmerman FJ, Bell JF. Associations of television content type and obesity in children. *Am J Public Health*. 2010;100(2):334–340
 88. Wethington H, Pan L, Sherry B. The association of screen time, television in the bedroom, and obesity among school-aged youth: 2007 National Survey of Children's Health. *J Sch Health*. 2013;83(8):573–581
 89. Robinson TN. Reducing children's television viewing to prevent obesity: a randomized controlled trial. *JAMA*. 1999;282(16):1561–1567
 90. Bruni O, Sette S, Fontanesi L, Baiocco R, Laghi F, Baumgartner E. Technology use and sleep quality in preadolescence and adolescence. *J Clin Sleep Med*. 2015;11(12):1433–1441
 91. Cespedes EM, Gillman MW, Kleinman K, Rifas-Shiman SL, Redline S, Taveras EM. Television viewing, bedroom television, and sleep duration from infancy to mid-childhood. *Pediatrics*. 2014;133(5). Available at: <http://pediatrics.aappublications.org/content/133/5/e1163>
 92. Garrison MM, Christakis DA. The impact of a healthy media use intervention on sleep in preschool children. *Pediatrics*. 2012;130(3):492–499
 93. Salti R, Tarquini R, Stagi S, et al. Age-dependent association of exposure to television screen with children's urinary melatonin excretion? *Neuroendocrinol Lett*. 2006;27(1-2):73–80
 94. Vijakhana N, Wilaisakditipakorn T, Ruedeekhajorn K, Pruksananonda C, Chonchaiya W. Evening media exposure reduces night-time sleep. *Acta Paediatr*. 2015;104(3):306–312
 95. Levenson JC, Shensa A, Sidani JE, Colditz JB, Primack BA. The association between social media use and sleep disturbance among young adults. *Prev Med*. 2016;85:36–41
 96. Buxton OM, Chang AM, Spilsbury JC, Bos T, Emsellem H, Knutson KL. Sleep in the modern family: protective family routines for child and adolescent sleep. *Sleep Health*. 2015;1(1):15–27
 97. Arora T, Broglia E, Thomas GN, Taheri S. Associations between specific technologies and adolescent sleep quantity, sleep quality, and parasomnias. *Sleep Med*. 2014;15(2):240–247
 98. Exelmans L, Van den Bulck J. Bedtime mobile phone use and sleep in adults. *Soc Sci Med*. 2016;148:93–101
 99. Lemola S, Perkinson-Gloor N, Brand S, Dewald-Kaufmann JF, Grob A. Adolescents' electronic media use at night, sleep disturbance, and depressive symptoms in the smartphone age. *J Youth Adolesc*. 2015;44(2):405–418
 100. Hysing M, Pallesen S, Stormark KM, Jakobsen R, Lundervold AJ, Sivertsen B. Sleep and use of electronic devices in adolescence: results from a large population-based study. *BMJ Open*. 2015;5(1):e006748
 101. Gidwani PP, Sobol A, DeJong W, Perrin JM, Gortmaker SL. Television viewing and initiation of smoking among youth. *Pediatrics*. 2002;110(3):505–508
 102. Dalton MA, Beach ML, Adachi-Mejia AM, et al. Early exposure to movie smoking predicts established smoking by older teens and young adults. *Pediatrics*. 2009;123(4). Available at: <http://pediatrics.aappublications.org/content/123/4/e551>
 103. Dalton MA, Sargent JD, Beach ML, et al. Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *Lancet*. 2003;362(9380):281–285
 104. Titus-Ernstoff L, Dalton MA, Adachi-Mejia AM, Longacre MR, Beach ML. Longitudinal study of viewing smoking in movies and initiation of smoking by children. *Pediatrics*. 2008;121(1):15–21
 105. Robinson TN, Chen HL, Killen JD. Television and music video exposure and risk of adolescent alcohol use. *Pediatrics*. 1998;102(5):E54
 106. Klein JD, Brown JD, Childers KW, Oliveri J, Porter C, Dykers C. Adolescents' risky behavior and mass media use. *Pediatrics*. 1993;92(1):24–31

107. Strasburger VC, Wilson BJ, Jordan A. *Children, adolescents and the media*. Thousand Oaks, CA: Sage Publications; 2008
108. Hinduja S, Patchin JW. Personal information of adolescents on the Internet: A quantitative content analysis of MySpace. *J Adolesc*. 2008;31(1):125–146
109. Moreno MA, Parks MR, Zimmerman FJ, Brito TE, Christakis DA. Display of health risk behaviors on MySpace by adolescents: prevalence and associations. *Arch Pediatr Adolesc Med*. 2009;163(1):27–34
110. Moreno MA, Parks M, Richardson LP. What are adolescents showing the world about their health risk behaviors on MySpace? *MedGenMed*. 2007;9(4):9
111. McGee JB, Begg M. What medical educators need to know about “Web 2.0”. *Med Teach*. 2008;30(2):164–169
112. Moreno MA, Ton A, Selkie E, Evans Y. Secret Society 123: understanding the language of self-harm on Instagram. *J Adolesc Health*. 2016;58(1):78–84
113. Moreno MA, Briner LR, Williams A, Walker L, Christakis DA. Real use or “real cool”: adolescents speak out about displayed alcohol references on social networking websites. *J Adolesc Health*. 2009;45(4):420–422
114. Moreno MA, Kota R, Schoohs S, Whitehill JM. The Facebook influence model: a concept mapping approach. *Cyberpsychol Behav Soc Netw*. 2013;16(7):504–511
115. Litt DM, Stock ML. Adolescent alcohol-related risk cognitions: the roles of social norms and social networking sites. *Psychol Addict Behav*. 2011;25(4):708–713
116. Fogg BJ. Mass interpersonal persuasion: an early view of a new phenomenon. In: Oinas-Kukkonen H, Hasle P, Harjumaa M, Segerståhl K, Øhrstrøm P, eds. *Persuasive Technology, Third International Conference, PERSUASIVE 2008, Oulu, Finland, June 4–6, 2008, Proceedings*. Berlin, Germany: Springer-Verlag Berlin Heidelberg; 2008:23–34
117. Martins N, Harrison K. Racial and gender differences in the relationship between children’s television use and self-esteem a longitudinal panel study communication research. *Communic Res*. 2012;39(3):338–357
118. Bélanger RE, Akre C, Berchtold A, Michaud PA. A U-shaped association between intensity of Internet use and adolescent health. *Pediatrics*. 2011;127(2). Available at: <http://pediatrics.aappublications.org/content/127/2/e330>
119. Moreno MA, Jelenchick L, Koff RN, Eickhoff J. Depression and internet use among older adolescents: an experience sampling approach. *Psychology (Irvine)*. 2012;3(9A):743–748
120. Lin LY, Sidani JE, Shensa A, et al. Association between social media use and depression among U.S. young adults. *Depress Anxiety*. 2016;33(4):323–331
121. Kross E, Verduyn P, Demiralp E, et al. Facebook use predicts declines in subjective well-being in young adults. *PLoS One*. 2013;8(8):e69841
122. Lup K, Trub L, Rosenthal L. Instagram #instasad?: exploring associations among instagram use, depressive symptoms, negative social comparison, and strangers followed. *Cyberpsychol Behav Soc Netw*. 2015;18(5):247–252
123. Boyd D, Marwick AE. Social privacy in networked publics: teens’ attitudes, practices, and strategies. In: *A Decade in Internet Time: Symposium on the Dynamics of the Internet and Society*, September 21–24, 2011; Oxford, U.K.:1–29
124. Madden M, Lenhart A, Cortesi S, et al. *Teens, Social Media, and Privacy*. Washington, DC: Pew Research Center; 2013
125. Moreno MA, Kelleher E, Ameenuddin N, Rastogi S. Young adult females’ views regarding online privacy protection at two time points. *J Adolesc Health*. 2014;55(3):347–351
126. Hoadley CM, Xu H, Lee JJ, Rosson MB. Privacy as information access and illusory control: the case of the Facebook News Feed privacy outcry. *Electron Commer Res Appl*. 2010;9(1):50–60
127. Tsukayama H. Facebook draws fire from privacy advocates over ad changes. *The Washington Post*. June 12, 2014. Available at: <https://www.washingtonpost.com/news/the-switch/wp/2014/06/12/privacy-experts-say-facebook-changes-open-up-unprecedented-data-collection/>. Accessed May 9, 2016
128. Smith PK, Mahdavi J, Carvalho M, Fisher S, Russell S, Tippett N. Cyberbullying: its nature and impact in secondary school pupils. *J Child Psychol Psychiatry*. 2008;49(4):376–385
129. Waasdorp TE, Bradshaw CP. The overlap between cyberbullying and traditional bullying. *J Adolesc Health*. 2015;56(5):483–488
130. Raskauskas J, Stoltz AD. Involvement in traditional and electronic bullying among adolescents. *Dev Psychol*. 2007;43(3):564–575
131. Schneider SK, O’Donnell L, Stueve A, Coulter RW. Cyberbullying, school bullying, and psychological distress: a regional census of high school students. *Am J Public Health*. 2012;102(1):171–177
132. Rivara F, Le Menestrel S, eds. *Preventing Bullying Through Science, Policy, and Practice*. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2016, Available at www.nap.edu/catalog/23482/preventing-bullying-through-science-policy-and-practice. Accessed May 9, 2016
133. McDougall P, Vaillancourt T. Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment. *Am Psychol*. 2015;70(4):300–310
134. Vaillancourt T, Brittain HL, McDougall P, Duku E. Longitudinal links between childhood peer victimization, internalizing and externalizing problems, and academic functioning: developmental cascades. *J Abnorm Child Psychol*. 2013;41(8):1203–1215
135. Vaillancourt T, Duku E, Decatanzaro D, Macmillan H, Muir C, Schmidt LA. Variation in hypothalamic-pituitary-adrenal axis activity among bullied and non-bullied children. *Aggress Behav*. 2008;34(3):294–305
136. Vaillancourt T, Duku E, Becker S, et al. Peer victimization, depressive

- symptoms, and high salivary cortisol predict poorer memory in children. *Brain Cogn*. 2011;77(2):191–199
137. Selkie E, Kota R, Moreno M. Relationship between cyberbullying experiences and depressive symptoms in female college students. *J Adolesc Health*. 2014;54(2):S28
 138. Del Rey R, Casas JA, Ortega R. Impact of the ConRed program on different cyberbullying roles. *Aggress Behav*. 2016;42(2):123–135
 139. Moreno MA. Cyberbullying. *JAMA Pediatr*. 2014;168(5):500
 140. David-Ferdon C, Hertz MF. *Electronic Media and Youth Violence: A CDC Issue Brief for Researchers*. Atlanta, GA: Centers for Disease Control and Prevention; 2009
 141. Spencer J, Olson J, Schragger S, Tanaka D, Belzer M. Sexting and adolescents: a descriptive study of sexting and youth in an urban population. *J Adolesc Health*. 2015;56(2 Suppl 1):S22
 142. Ybarra ML, Mitchell KJ. “Sexting” and its relation to sexual activity and sexual risk behavior in a national survey of adolescents. *J Adolesc Health*. 2014;55(6):757–764
 143. Temple JR, Le VD, van den Berg P, Ling Y, Paul JA, Temple BW. Brief report: Teen sexting and psychosocial health. *J Adolesc*. 2014;37(1):33–36
 144. Stanley J. Child abuse and the Internet. *National Child Protection Clearinghouse Series*. 2001;15:1–18
 145. Kendall-Tackett KA, Williams LM, Finkelhor D. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychol Bull*. 1993;113(1):164–180
 146. Irish L, Kobayashi I, Delahanty DL. Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. *J Pediatr Psychol*. 2010;35(5):450–461
 147. Aiken M, Moran M, Berry M. Child abuse material and the Internet: cyberpsychology of online child related sex offending. Paper presented at the *29th Meeting of the INTERPOL Specialist Group on Crimes Against Children*; Lyons, France; September 5–7, 2011
 148. Mitchell KJ, Wolak J, Finkelhor D. Are blogs putting youth at risk for online sexual solicitation or harassment? *Child Abuse Negl*. 2008;32(2):277–294
 149. Halpern CT, Kaestle CE, Hallfors DD. Perceived physical maturity, age of romantic partner, and adolescent risk behavior. *Prev Sci*. 2007;8(1):1–10
 150. Neemann J, Hubbard J, Masten AS. The changing importance of romantic relationship involvement to competence from late childhood to late adolescence. *Dev Psychopathol*. 1995;7(4):727–750
 151. Steel CM. Child pornography in peer-to-peer networks. *Child Abuse Negl*. 2009;33(8):560–568
 152. Brenner J, Smith A. *72% of Online Adults are Social Networking Site Users*. Washington, DC: Pew Internet American Life Project; 2013
 153. Kirkorian HL, Pempek TA, Murphy LA, Schmidt ME, Anderson DR. The impact of background television on parent-child interaction. *Child Dev*. 2009;80(5):1350–1359
 154. Schmidt ME, Pempek TA, Kirkorian HL, Lund AF, Anderson DR. The effects of background television on the toy play behavior of very young children. *Child Dev*. 2008;79(4):1137–1151
 155. Tomopoulos S, Cates CB, Dreyer BP, Fierman AH, Berkule SB, Mendelsohn AL. Children under the age of two are more likely to watch inappropriate background media than older children. *Acta Paediatr*. 2014;103(5):546–552
 156. Radesky J, Miller AL, Rosenblum KL, Appugliese D, Kaciroti N, Lumeng JC. Maternal mobile device use during a structured parent-child interaction task. *Acad Pediatr*. 2015;15(2):238–244
 157. Radesky JS, Kistin CJ, Zuckerman B, et al. Patterns of mobile device use by caregivers and children during meals in fast food restaurants. *Pediatrics*. 2014;133(4). Available at: <http://pediatrics.aappublications.org/content/133/4/e843>
 158. Jago R, Stamatakis E, Gama A, et al. Parent and child screen-viewing time and home media environment. *Am J Prev Med*. 2012;43(2):150–158
 159. Fiese BH, Winter MA, Botti JC. The ABCs of family mealtimes: observational lessons for promoting healthy outcomes for children with persistent asthma. *Child Dev*. 2011;82(1):133–145
 160. Chesley N. Information and communication technology use, work intensification, and employee strain and distress. *Work Employ Soc*. 2014;28(4):589–610
 161. Schmidt ME, Haines J, O'Brien A, et al. Systematic review of effective strategies for reducing screen time among young children. *Obesity (Silver Spring)*. 2012;20(7):1338–1354

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Pediatrics; originally published online October 21, 2016;
DOI: 10.1542/peds.2016-2593

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OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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