



# HOW TO SUPPORT A CHILD WHO IS DISPLAYING AGGRESSION OR THREATENING VIOLENCE

## GUIDELINES ON PROVIDING MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

### DEFINITION OF MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

Mental health first aid for children is defined as the help that is given to support a child aged 5-12 years who (1) is developing a mental health problem or is experiencing a worsening of an existing problem, (2) has experienced an adverse life event that places them at increased risk of poor mental health, or (3) is in a mental health crisis. The first aid is given to the child or their primary support system until appropriate help is received.

### What is a mental health crisis?

A mental health crisis is when there is an increased risk of harm, either to the child or others around them, such as when a child is at risk of self-harm, or is displaying aggression which is potentially dangerous to others. This guideline covers how to provide mental health first aid when a child is displaying a dangerous level of aggression or threatening violence.

Dangerous aggression may include: threats of harm, hitting, kicking, punching, throwing things or anger with loss of control.

When providing crisis first aid, remember to adapt your approach and your actions according to the age, maturity and developmental needs of the child.

### Take action to keep the child and others safe

In a situation where the child is threatening harm to others or acting aggressively, remove any means that the child could use to hurt others or themselves, if it is safe to do so. Try to guide the child to a space where there is less risk of harm to themselves or others. If needed, back away or remove others from the area.

If you suspect a child may be affected by a substance, you should ask the child if they have taken anything (e.g. medications, poisons), in an age or developmentally appropriate way.

Do not block the child's access to a door or exit point, except where this is necessary to keep them safe. If the child leaves the situation (e.g. storms off) ensure that you or another adult monitor the child.

### De-escalate the situation

Try to remain calm by taking deep breaths. Allow time for the child to calm down too.

Be aware that if a child is really agitated, they may have trouble thinking clearly about the consequences of their actions and may not respond to reasoning. Avoid arguing with the child, even if what they are saying seems unreasonable or outrageous. Try to ignore insults or other provocative language and don't take the child's actions or comments personally.

Use de-escalation strategies that are appropriate for the age and development level of the child, especially any methods that you have found helpful in the past to calm the child down. For example, try to limit noises and stimulation in the environment that may overwhelm them. Use distraction (e.g. offering familiar toys, objects or games) or redirection techniques (e.g. suggest to the child that they leave a task and try something different that will not encourage the behaviour).

Try to minimise behaviours that may escalate the situation further. Do not challenge the child to follow through on a threat of harm, and do not use threats to try to control the child's behaviour. Offer choices instead of trying to take control.

### Show empathy

Acknowledge how the child is feeling and how the situation seems from their point of view by saying things like, "I can see that you're angry" and "I can see that x is frustrating for you". Don't put pressure on the child to talk to you if they don't want to.

### Use clear language

Try to talk simply and clearly by using short sentences and focus the conversation on one topic or idea at a time. Ask simple questions and repeat them if necessary.

Speak slowly and confidently with a gentle, caring tone of voice. Avoid raising your voice or talking too fast.

Tell the child that you are there to help. Use positive rather than negative language e.g. "Stay calm" instead of "Don't fight".

If you have specific legal responsibilities because of your relationship to the child, for example as a parent, a teacher, or an employee delivering a service to a child, these laws must always be adhered to.





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### Be aware of body language

Adopt a 'supportive stance': stand slightly to the side of the child with relaxed posture rather than directly facing them. Avoid touching the child, unless it is appropriate to the relationship and the child requests it. If you have to go near or touch the child, ask their permission and talk them through your actions first, e.g. "I'm going to come closer to you now. Is that okay?"

### Getting professional help

If de-escalation techniques are not working, you should try to get assistance from an appropriate mental health or crisis service. If at any point you feel unsafe, you should call for immediate help from another trusted adult. Don't handle the crisis alone if there are other adults present who can help. You should be aware of the roles of different professionals who can help with child mental health crises. These professionals could include local child and adolescent mental health services or crisis help lines.

If there is immediate high risk to the child, you should call for immediate help and you should tell the service that the child is experiencing a mental health crisis. Describe their behaviour and explain that you can't keep the child or others safe. Try to give the phone operator as many details as you can about what is happening. While waiting for help to arrive, continue to monitor the child.

Often, urgent help will be provided by someone who is not part of the child's usual treatment team. If this is the case, ensure that the child's usual professional helpers are told about what has happened. Bring their contact details with you and provide these to emergency workers.

### If someone is injured

If someone is physically injured, follow physical first aid guidelines and consider getting them to the emergency department. However, before you decide whether to take the child to a place of help, consider your own safety. It may be safer to call an ambulance. If a child is taken to hospital, ensure that a trusted adult accompanies them.

## About these Guidelines

### Purpose of these guidelines

These guidelines are designed to help members of the public, and especially parents, teachers and health professionals, to provide mental health first aid to a child who is developing a mental health problem. This document focuses on how to speak to a child directly about your concerns for their mental health and about seeking help.

This is one of a set of guidelines about how to support children aged 5-12 years with mental health problems. The series includes:

- How to talk to a child about their mental health and seeking help.
- How to speak to other adults about your concerns for a child's mental health
- How to support a child who is at risk of suicide or self-harm
- How to support a child who is threatening violence or displaying aggression
- How to support a child who has experienced an adverse or traumatic event

All guidelines in this series can be found on our webpage <https://mspgh.unimelb.edu.au/research-groups/centre-for-health-equity/equity-and-mental-health/supporting-child-mental-health/>

### Development of these guidelines

These guidelines were developed using the Delphi expert consensus method. This involved gathering three different kinds of experts and asking them to agree on which first aid strategies were the most appropriate for adults supporting a child who is developing a mental health problem. Experts included (1) parents who have cared for a child with a mental health problem, or young adults who experienced a mental health problem in their earlier school years, (2) teachers who have expertise in supporting children with mental health problems, and (3) health professionals who provide clinical services to children with mental health problems. Experts were from Australia, Germany, Ireland, New Zealand, Switzerland and the USA.

Details of the study can be found in a scientific journal paper that is currently under peer review and will be publicly available for free download after publication.

These guidelines were developed through a collaboration between researchers at the University of Melbourne and Dr Claire Kelly at Mental Health First Aid International. Funding for this project was provided by a National Health and Medical Research Council grant provided to AF Jorm (1172889), by funding from the North Western Melbourne Primary Health Network and a VESKI fellowship awarded to LM Hart.





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### *How to use these guidelines*

It is important to tailor your support to the needs of the child you are helping. These guidelines are a general set of recommendations only. They are most suitable for providing mental health first aid in high-income countries with developed health systems.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

### *How to cite these guidelines*

Please cite these guidelines as follows:

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