

FACTS *for* FAMILIES

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Children's Threats: When Are They Serious?

Every year there are tragedies in which children shoot and kill individuals after making threats. When this occurs, everyone asks themselves, "How could this happen?" and "Why didn't we take the threat seriously?"

Most threats made by children or adolescents are not carried out. Many such threats are the child's way of talking big or tough, or getting attention. Sometimes these threats are a reaction to a perceived hurt, rejection, or attack.

What threats should be taken seriously?

Examples of potentially dangerous or emergency situations with a child or adolescent include:

- threats or warnings about hurting or killing someone
- threats or warnings about hurting or killing oneself
- threats to run away from home
- threats to damage or destroy property

Child and adolescent psychiatrists and other mental health professionals agree that it is very difficult to predict a child's future behavior with complete accuracy. A person's past behavior, however, is still one of the best predictors of future behavior. For example, a child with a history of violent or assaultive behavior is more likely to carry out his/her threats and be violent.

When is there more risk associated with threats from children and adolescents?

The presence of one or more of the following increases the risk of violent or dangerous behavior:

- past violent or aggressive behavior (including uncontrollable angry outbursts)
- access to guns or other weapons
- bringing a weapon to school
- past suicide attempts or threats
- family history of violent behavior or suicide attempts
- blaming others and/or unwilling to accept responsibility for one's own actions
- recent experience of humiliation, shame, loss, or rejection
- bullying or intimidating peers or younger children
- a pattern of threats
- being a victim of abuse or neglect (physical, sexual, or emotional)

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- witnessing abuse or violence in the home
- themes of death or depression repeatedly evident in conversation, written expressions, reading selections, or artwork
- preoccupation with themes and acts of violence in TV shows, movies, music, magazines, comics, books, video games, and Internet sites
- mental illness, such as depression, mania, psychosis, or bipolar disorder
- use of alcohol or illicit drugs
- disciplinary problems at school or in the community (delinquent behavior)
- past destruction of property or vandalism
- cruelty to animals
- firesetting behavior
- poor peer relationships and/or social isolation
- involvement with cults or gangs
- little or no supervision or support from parents or other caring adult

What should be done if parents or others are concerned?

When a child makes a serious threat it should not be dismissed as just idle talk. Parents, teachers, or other adults should immediately talk with the child. If it is determined that the child is at risk and the child refuses to talk, is argumentative, responds defensively, or continues to express violent or dangerous thoughts or plans, arrangements should be made for an immediate evaluation by a mental health professional with experience evaluating children and adolescents. Evaluation of any serious threat must be done in the context of the individual child's past behavior, personality, and current stressors. In an emergency situation or if the child or family refuses help, it may be necessary to contact local police for assistance or take the child to the nearest emergency room for evaluation. Children who have made serious threats must be carefully supervised while awaiting professional intervention. Immediate evaluation and appropriate ongoing treatment of youngsters who make serious threats can help the troubled child and reduce the risk of tragedy.

For additional information see *Facts for Families*:

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The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 8,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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