



HELPING CHILDREN  
COPE WITH DEATH

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## HELPING CHILDREN COPE WITH DEATH

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Successful grieving after the untimely and violent death of a loved one is an extremely difficult task. It is difficult to accept that no one is immune from danger in the world, that we cannot control the irresponsible actions of others. We would like to tell our children that the world is fair and just, but it is not so. Adults and children alike must realize that painful things happen. It is impossible to live without hurt.

Young children view adults as powerful and wise beings who can do anything. Adult “truths” become permanently etched in their impressionable minds. Loving adults do not want children to hurt and may therefore disguise the truth about death.

In an effort to protect children, adults may actually do them harm. Children are exposed to death regularly and need continuing education from adults to understand all that death entails.

Many things influence children’s views on death. Age, religious beliefs, cultural or ethnic values, and their relationship to the deceased person are important factors that affect their understanding. The reactions of the surviving parent or caregivers are of primary importance, however, in determining how children will cope with death.

Telling children about the death of a loved one in an impaired driving crash is the beginning of

a long process of sharing. Children, like adults, differ widely in their reactions to death. They are not, however, miniature adults. They have their own distinct ways of perceiving reality and viewing the world. Understanding how children conceptualize death within the context of their prospective age ranges may help parents and caregivers in coping with this process.

## INFANTS AND TODDLERS

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Infants can sense when something is amiss following the death of their primary caregiver. Although a death in the family may affect an infant, the absence of the mother causes a clear biological reaction.

However, this can be remedied very quickly if another caregiver assumes primary responsibility for the infant's care. Passing infants from caregiver to caregiver, however, may cause anxiety due to the

**Infants and toddlers can sense the absence of a primary caregiver, but cannot understand explanations of death.** fluctuation and inconsistency of care and is not recommended.

Older infants are beginning to see themselves as separate from their parents or caregivers, and this separation can be frightening. They may grieve for a lost relationship through anger, crying, searching, lack of appetite, and finally, quiet resignation. Grief becomes consumed by a complete dependence on life support, juxtaposed by a loss of security. A child of two years can feel grief and anxiety in their surroundings and will require frequent touching and holding for reassurance. Because he/she cannot

comprehend what death is, explanations of death are meaningless. What one does is far more important than what one says to a child this young. Generally, a grieving infant or toddler needs large doses of tender loving care: holding, cuddling, and stroking. A child this young can only experience the presence or absence of another.

## AGES FOUR TO SIX

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Like infants and toddlers, children this age have a great need for physical nurturing and the security of knowing who will care for them. They are learning to express themselves verbally, but are most effective in expressing themselves through play. Although significant events such as birthdays, holidays, and the first day of school are major milestones to young children, they tend to have a poor concept of time and space.

“Magical thinking” is an important characteristic of four to six-year old development. A child may fly to the moon, fight monsters, and

**Children ages four to six are concrete thinkers and understand death best when explained in physical terms.**

cook dinner for a hundred guests in the course of a few minutes of play. A child in this age group is capable of a nearly endless variety of fantasies.

However, most fantasies are based on something the child has seen or heard, even though it was misunderstood.

**B**ereaved children in this age group have a limited and literal understanding of death. Their thinking is concrete. A child this age believes that if anything is active, it is alive. A wind-up toy seems alive when it moves, and a child might cry when it stops performing. A stuffed animal seems alive during play because it has assumed life-like characteristics.

**A** limited concept of time added to a limited concept of death means that when a loved one dies, the child may expect the deceased to be alive again soon. Children may accept the news of the death in a matter-of-fact manner and may speak of the death or deceased person in the same detached way they speak of a playmate or pet.

**I**f the dead loved one was a parent or caregiver, the child's primary worry will be about who will care for him/her. The child may cry because of disruptions in the household or the reactions of others, rather than thinking of the death itself. Abstract concepts such as "life after death" are beyond his/her thinking ability.

**I**n an effort to understand what has happened, young children will ask all kinds of questions that are sometimes alarming to adults. Questions like "How will Daddy go to the bathroom?" or "Can we open our presents at the cemetery?" and "When will Grandma come play with me again?" may surprise adults. No matter how appropriate the news of the

death, young children will continue to ask questions and make observations that may startle adults. Regardless, they deserve a response.

Children in this age group may engage in compulsive retelling of the traumatic event in an effort to gain some mastery over it. They may unexpectedly blurt out some aspect of the trauma like, “My Aunt Karen was killed in a drunk driving crash and my mommy cries sometimes.” Although unexpected, these statements offer good opportunities to gently probe into the child’s feelings and discern the purpose of such an announcement. It may be that the child only needed the sense of mastery that comes with verbalizing it, or that there is some underlying feeling or question that needs to be addressed.

Because thinking is literal and concrete, death may be best explained in physical terms, as follows: “His heart stopped beating and no one can make it start. Therefore, we won’t be seeing him move or talk any more. We will bury his body in the ground because he is not able to do or say anything any more.”

For children raised in traditions that believe in an after life, concepts such as Heaven may be difficult for them to grasp. They will see a discrepancy between burial of the body and the description of “going home” or “going to Heaven.” While the young child probably cannot grasp the

concept, you might address the distinction, as “The part that we loved, the part that smiled, laughed, and loved us, is the part that has gone to Heaven. The old, broken body is what is now in the ground.”

**T**he brother and sister of a six-year-old boy were killed in a drunk driving crash. For months after, his parents and police would find the child lying on the highway, trying to be hit so that he could go be with his siblings. At six, the child still had difficulty separating fact from the mystical. His mind could have been more easily accepted a description of how the crash caused his sibling to die and why their bodies had to be buried rather than the well-meaning but confusing presentation that his brother and sister now lived elsewhere.

**A** child will primarily feel extreme and long-lasting sadness for the loss of significant others, such as a parent, grandparent, or sibling. The sadness may stem from feelings of abandonment. The child may conclude that their loved one departed because he/she was bad. A child’s view of morality at this age is that bad behaviors are punished and good behaviors are rewarded. It may be helpful to point out that the loved one did not choose to die, that someone’s reckless behavior caused the death.

**T**o demonstrate an increased need to be cared for, bereaved children may regress to previously mastered behaviors, such as bed-wetting and crying upon separation. Young children will act out their fear and confusion through play and should not be

discouraged from doing so. Parents and caregivers can facilitate play by sitting with the child as he/she plays with dolls, puppets, stuffed animals, toy cars, and doll houses. Sometimes monsters become concrete substitutes for death. As a parent or caregiver, ask how various dolls or stuffed animals feel during play. Look for aggression in play and explore where the anger is focused.

**B**ecause of short attention spans, young bereaved children may not be able to focus on their feelings for extended periods of time, especially those they cannot articulate. A bereaved child may ask about the death one minute, then play happily the next. Parents and caregivers must realize that periods of play do not mean the child has come to terms with the loss, but are expressions of that loss or respites from their feelings.

## AGES SEVEN TO ELEVEN

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Children ages seven to eleven are primarily oriented to family, although they begin to relate to and gain identity from their peers. Play remains a mode of self-expression, although children this age express themselves quite well verbally, especially feelings such as mad, glad, and sad. They begin to grasp more abstract concepts such as truth, time, space, and death, although magical thinking still plays a role.

**A**round the ages of seven or eight, children attribute life more to movements in nature, and not so much to inanimate objects like toys. A cloud is

alive as it blows across the sky. Water is alive when it gurgles and runs in a stream.

Seven or eight year olds frequently become fearful of death because they realize for the first time that it is real. No matter who dies, they may feel devastated at the thought of losing a parent. Obviously, the death of a parent is extremely traumatic at this age. Some of their questions may allude to fears of their own death. Death seems to be an attacker who takes life.

Although able to accept the finality of death, many of the factors of early childhood still apply. It is important for children of this age to express their sadness, anger, fear, and guilt.

Because they now understand that people die, they may become interested in what happens after death. As they begin to relate to some of the mysteries of life, they are able to relate to some of the mysteries of death. However, they are not ready for all of the answers. The child of this age is concerned not only about death as a concept, but also about the instruments of death.

They may ask questions about why the person died or seek information about who or what caused the death. They will then direct anger toward the someone or something that caused it. In the case of impaired driving crashes, it is best to help the child focus his/her anger on the person

**Children age seven to eleven begin to understand the reality of death.**

responsible so that he does not have to search for other acceptable causes.

**A** child may not understand what “drunk driver” means. Show him/her that only a half a can of beer would make him sick, dizzy, and unable to stand or walk straight if he drank it. Explain how alcohol and drugs differ from milk or juice. Explain that it takes more to intoxicate an adult, and then explain how the driver’s ability to drive was diminished by the alcohol or other drugs. Focus upon one component of the crash at a time.

**A**lthough children this age can easily express glad, mad, and sad, their magical thinking may also lead to guilt feelings regarding their role in the death. Most children wish at some time or another to eliminate their parents and siblings and dream of different ways to do it. The child in this age group may believe that their “death wish” actually caused the death. Children are more susceptible to feelings of guilt than adults or adolescents, since children cannot call upon intellectual resources to persuade themselves of their innocence. It is important to reinforce over and over again that they did not cause the crash, and free expression of guilt should be encouraged.

**T**he child of this age may also fear that death is a punishment for improper behavior. They may fear that naughty behavior has brought about the death of a loved one, and that they are likely to be punished for it. They may also believe that they

or another loved one will be the next to die. Because the child simply cannot understand death in the intellectual level of adults, it is difficult to rid themselves of feelings of anger, fear, and guilt.

**I**t is not unusual for a child in the age range to feel some shame regarding the death of a loved one. They may feel different from other children their age and may resist questions that relate to the death such as “What do your parents do for a living?” if a parent has died, or “How many brothers and sisters do you have?” if a sibling has died. Shame and confusion move to the forefront of their grief.

**A** more adult concept of life and death develops roughly between the ages of nine and eleven. At this developmental stage, the child has learned that only people, plants, and animals live and die. He/she can now think abstractly, but still does not fully appreciate meanings and values. He/she only knows that something has happened which cannot be fully understood or explained.

**A**t this age, children are not only sensitive to their own feelings, but also to the feelings of others. As a result, they understand what the loss may mean to others. In short, they are able to empathize. The child in the upper end of this range not only needs support and comfort, but also can be a source of support and comfort to others. Opportunities to be helpful to others during the crisis can actually help the child deal with his/her own feelings.

## ADOLESCENTS (AGES TWELVE TO SIXTEEN)

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As girls tend to mature faster, they may be considered an early adolescent in the ten to twelve range, whereas boys arrive a year or two later. Adolescents are on the threshold of independence. They live in an intense world of self-discovery and are primarily concerned with life, identity, status, and peer pressure. They are tightly bonded with peers and begin to disengage from family. They have developed adult-like concepts of attributing life appropriately, but often face their own social and emotional immaturity.

According to child development experts, if children experience security and healthy development from birth to age three, they are apt to make fairly untroubled movement into adolescence. If, however, the early years were fraught with uncertainty, conflict, and lack of trust, adolescence may be stormy.

Young adolescents often reject parental standards. Therefore, when a parent dies, they may experience an extreme externalization of guilt. It is normal for a teen to be pulling away from home, but feel guilty for having done so in the wake of parent's or sibling's death. The adolescent's school performance will likely reflect the stress and trauma that accompanies sudden and violent death.

While academic expectations should not be relaxed, bereaved children may need extra tutoring,

a less demanding schedule, or some other assistance from the school. Teachers and school officials should always be notified of a death within the family, regardless of the age of the child. School personnel are in a unique position to monitor the child's response to the death both academically and socially, and to offer special services as needed. Many school counselors are also trained to identify and respond to behavior problems in school that may be grief related.

Adolescents between the ages of fourteen and sixteen have achieved a stronger identity. They do not accept peers without question and have learned to compare their values with the values of others. They are not as self-centered as before, although they may still turn thoughts toward their own death when faced with the death of another.

Death is foreign to the emotionally healthy adolescent. It is something he/she simply does not want to think about. At best, most adolescents are insecure. Sometimes their self-destructive behaviors, such as alcohol or drug abuse, are a means of saying "I'm not afraid of death." But the real meaning beneath might be "I'm so afraid of death that I am trying to control my fear and insecurity by making it a game." Moving fast and keeping the music loud can be an escape from having to face fears.

When met with the loss of an important relationship, adolescents' self-centered values may cause great fear, guilt, anxiety, and anger. They may

feel that no one has felt the deep and powerful feelings they now feel. No one has ever loved as they do, or grieved as they grieve.

**Adolescents may experience extreme feelings of guilt after the death of a loved one.**

Adolescents have the capacity for empathy with other grievers, so their pain is doubled. They may express their rage by a general increase in aggressive behavior. They may also have intense revenge fantasies and must be helped to differentiate between thoughts, feelings, and behaviors. Adolescents should be told that while feelings simply exist, how one responds to those feelings could be right or wrong. Helping teens find appropriate ways to express anger and rage is of utmost importance.

**B**ecause adolescents form more intimate relationships with peers than with parents, it is advisable that networks or groups be made available for adolescents who have experienced the death of a loved one. An adolescent may respond well to another adult willing to listen and assume a surrogate parent role.

**W**hile reluctant to participate in family therapy or support groups, an adolescent may respond well to a pastor, school counselor, or another adolescent who “understands.” Parents and caregivers of a grieving adolescent should not be discouraged if their teen reaches out to someone other than family. That is normal behavior for this stage of development. Some kind of family

intervention may be necessary, however, if the adolescent's response is destructive to the family unit.

## HELPING CHILDREN COPE

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**Respond to children's feelings.** It is very important to respond appropriately to children's feelings. Because a younger child is less able to express himself/herself verbally, parents and caregivers may want to offer a lot of touching, holding, and stroking to help the child feel secure. With older children, it is useful for parents and caregivers to encourage free expression of thoughts and feelings.

Children may express sadness, fear, and anger, all of which are to be expected. A child may cry, which is perfectly natural. Do not be afraid of tears and do not attempt to hurry them along. Anger may be acted out in physically appropriate ways, such as running outside or stuffing newspapers in a trash bag. When a child appears to be feeling a particular way, ask him/her how she is feeling. The best way for a child to become comfortable in sharing his/her thoughts and feelings is for a parent or caregiver to be open in sharing his/her own thoughts and feelings.

**Reassure children as they bring up their fears.** However irrational their fears may seem, attempt to view them in terms of a child's development. A child can usually accept explanations when he/she

knows there is adequate support from a parent or caregiver. Responses to fears that are direct, simple, and clear, accompanied by touching and holding, are the best responses.

**U**nderstand that children frequently substitute feelings they can handle for those they cannot. They may giggle or laugh at things that are not funny. It is important to view this behavior as adaptive coping.

**N**o matter how comfortable a child becomes with an age-appropriate explanation of death, he/she will reprocess the experience and his/her feelings about it at each developmental level, throughout his/her lifetime. As a child matures, he/she will need additional information about the deceased and the circumstances surrounding the death. He/she will need additional time, space, and opportunity to grieve and grow.

**Spend time playing together.** Children often communicate their deepest feelings through actions. It is best, therefore, to respond to their feelings with actions. Parents and caregivers may support their children by taking time to sit down and play with them, not guiding the play, but allowing them to express whatever they want through the use of toys. Responses like “Your doll got angry when his Daddy left,” and “Your doll is crying in the bed. What is she sad about?” are affirming and encourage children to work through their grief.

### **Understand the importance of missed events.**

If Dad had been teaching his son how to cast a line or how to pitch a tent, and then died, this may be the focus of much of the child's concern. It may seem that he is more upset over fishing and camping than over the loss of his father. This is not the case, but it is the way young children are more able to express loss. The child needs sympathy and support for the feelings and not criticism or rejection because of the manner in which they are expressed.

**Protect children from the emotional collapse of parents or caregivers.** While sharing as much of the family crisis as possible, protect the child from witnessing an emotional collapse on the part of one on whom he/she depends. Children can usually handle feelings of sorrow, loneliness, and anger, but to witness an emotional collapse will bring on unnecessary anxiety and insecurity. Ask the child how he/she feels about your sadness. This will help them with their own feelings.

**P**rotecting children from the emotional collapse of an adult is essential, yet sending children off to spend time with other relatives or friends may be destructive. It is better not to spare children the reality of what is happening. Children need to learn that they can experience the death of a loved one without completely falling apart.

**H**owever, they also need to feel secure in the knowledge that while they learn how to grieve, there will be a parent or caregiver there to care for them.

If a parent or caregiver is not fully equipped to care for their child, it is appropriate for them to be cared for by another responsible adult for a short period of time.

**Talk about the death.** There is little to be gained in answering questions that are not asked. Honest and adequate answers to children's questions about death are best, particularly those that are developmentally appropriate. Like adults, children may experience a great deal of ambivalence about the finality of death. Children may insist that their loved one is alive or that the loved one was seen breathing or opening their eyes in the casket.

**Help** children to understand that physical death, in itself, does not hurt. The family is crying because they hurt inside. The sadness comes from the fact that a relationship that meant much to everyone has now been lost.

**Reinforce** the fact to young children that their loved one did not choose to die. In life, people are given choices, and some make bad choices, such as using alcohol or other drugs and then driving. These choices can hurt and kill other people. It is no one's fault except the person who made the bad choice.

**Write** down ways you answer your child's questions about death. If kept in a journal, these responses can be used later as a reference for future discussions. Communicate with school personnel, extended family, and friends regarding your way

of explaining death. If they understand your philosophy, confusing messages can be avoided.

**U**se caution when communicating with younger children, as they are concrete thinkers. Making statements like “To die is to go to sleep” may frighten a child, fearing that if he/she goes to sleep that he/she will die too. A statement like “Your daddy has gone away for a very long time” may leave a child feeling abandoned, and may leave him/her with the anticipation that daddy will return.

**Allow children to share experiences of memorial observances.** Allow children the opportunity to attend the funeral or memorial service. This confronts them with the reality that death has occurred and helps them acknowledge their loss. It is important to give a child time prior to the funeral to view the body and say goodbye in his/her own way.

**C**hildren need detailed information about what to expect at the funeral. Perhaps they will want to visit with the funeral home director who can answer questions. Although children should be encouraged to attend funerals, they should never be forced. Likewise, they should not be forced to kiss or touch the deceased, although it is perfectly all right if they wish to do so.

**I**f the funeral has now passed, and children were not allowed to participate, it is not too late to remedy the situation. Ask a trusted clergy person or the funeral director to conduct a short, simple

memorial service just for children. Invite all the children who might like to come. Perhaps it can be held at the grave site, and the children can take photos of their loved one along in remembrance. Be prepared to answer a lot of questions.

**Explore meaningful ways to remember a loved one.** Allow children to share experiences of remembrance, such as going to the cemetery. Going to the cemetery works against avoidance, denial, and repression of painful feelings. The sadness felt in that place may help the child move on through his/her grief.

Children need concrete ways of expressing themselves. It may be important for children to take flowers, letters, or other gifts to the cemetery. Encourage the child to write a goodbye letter to the deceased. The letter can be taken to the cemetery and buried or placed with a flower arrangement.

Children may want objects, clothing, or a photograph of the loved one. Do not worry if they want to take these objects to bed with them. Making up games that begin with “Remember when” or “Do you remember” to facilitate expression of feelings may offer additional ways to remember the person who died.

**Remember your loved one at holidays.** Like you, children will be especially aware of the absent loved one around holidays and will want to find ways to include the deceased in the festivities. Young children

especially mark time by the passage of holidays. You may not feel much like celebrating Passover or lighting fireworks, but the maintenance of tradition is important. Nevertheless, even young children will understand that things have changed and may have some ideas of ways to do things differently if following family traditions will be too painful.

**Take care of yourself as parent or caregiver.**

Caring for a bereaved child may be painful and time-consuming. Realize that you, too, are moving through various phases of grief, just like the children. However, you will rarely be at the same place they are at the same time.

**T**ake care of yourself. Attend victim support groups, write in a journal, or seek counseling for a while. The best thing you can do for your child is to deal with your own bereavement in a healthy way.

**I**f you have questions or concerns or would like additional support in helping your child cope with death, call a local hospice, grief center, local MADD chapter, your child's guidance counselor at school, or a mental health professional. Many hospital social work departments can refer you to appropriate programs or professionals. Funeral directors and faith-based community leaders are also good resources.

## LESSONS IN GRIEF

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Grieving is a necessary part of living. Much of how a child grieves is determined by the influence of parents and primary caregivers. An environment that fosters open, honest communication offers bereaved children security during their waves of yearning, sadness, anger, and guilt. They will undoubtedly experience the pain associated with grief and mourning, yet will be able to express their feelings and resolve any difficult issues. They will learn to cope with grief. The coping skills they master today will remain with them throughout adulthood. Lessons in grief and healing are precious gifts you can give the children in your life.

## NOTES

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## Literature Available from MADD

All titles available online at [www.madd.org](http://www.madd.org).

*Most titles available in Spanish*

## BROCHURES

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- Closed Head Injury**  
*A common complication of vehicular crashes*
- Don't Call Me Lucky**  
*For those injured by drunk drivers*
- Every Child Deserves a Designated Driver**
- Financial Recovery After a Drunk Driving Crash**
- Helping Children Cope with Death**
- How Are You Feeling?**  
*A teen's guide to loss, grief, and healing*
- Living with Burn Trauma**
- Living with Spinal Cord Injury**
- Loss, Pain, and Healing**  
*A parent's guide to grief*
- Men and Mourning**  
*A man's journey through grief*
- Monday Mourning**  
*A guide for the workplace when an employee becomes a crash victim*
- Picking Up the Financial Pieces, Part 1**  
*Managing financial issues at home*
- Picking Up the Financial Pieces, Part 2**  
*Managing work issues after a drunk driving crash*

- Picking Up the Financial Pieces, Part 3**  
*Financial recovery issues in court*
- Selecting a Civil Attorney**
- Someone You Know Drinks and Drives**
- Unique Grief**  
*For the non-family bereaved*
- Victim Information Pamphlet**  
*A guide through the criminal justice system*
- We Hurt Too**  
*For adult siblings*
- Your Grief: You're Not Going Crazy**

## BOOKLETS

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- Death at School**
- Your Victim Impact Statement**  
*A workbook*
- Hangin' in there with Nigel (for children)**  
*Your grief workbook*
- Hangin' in there with Nigel (for children)**  
*For coping with the injury of a loved one*

*Call 1-877-MADD-HELP for ordering information.*