

Grief, mourning, and bereavement are often used as interchangeable terms. However, grief can be defined as the normal process of reacting to a loss. Mourning is characterized by the process with which one adjusts after loss and varies based on the society and culture in which one lives. Bereavement represents the time period after a loss in which grief and mourning occur (National Cancer Institute, 2021).

Approximately one in every thirteen children will experience the death of a parent or sibling before the age of eighteen in the United States. In Texas that number decreases to one in every sixteen children (Judi's House, 2021a). Other losses experienced by children include the deaths of grandparents, other relatives, classmates, siblings, and pets. Not only do children grieve over the loss of a loved one, they can also be affected by changes such as losing a parent through divorce or incarceration, moving to a new home or school, or losing their home to natural disasters (Washburn Center for Children, 2022).

While it was originally thought that children did not express or feel grief because of developmental immaturity, in the late 1900s, clinicians discovered “that when someone died traumatically, youth who were traumatized by the event and/or nature of the loss were often unable to grieve normally” (Nader & Salloum, 2011 p.233). Continued research has found that although death is a natural part of life, the passing of a significant figure in a child's life is “considered by many to be one of the most stressful and potentially traumatic experiences a child can endure” (Griese, Burns, and Farro, 2018).

Grief occurs through what researchers call complicated grief (CG). Risk factors for CG include the nature of the loss, history of trauma or abuse, and the relationship with the lost loved one (Griese et al., 2018). Research and literature acknowledge the courses of grief, but highlights childhood traumatic grief (CTG) as a form of CG. CTG affects the grieving process by preventing a child from following the typical stages of normal bereavement. “Any thoughts of the person—even happy ones—can lead to upsetting images or memories of the way that person died. These images may occur repeatedly in the child's mind and—because they are so upsetting—the child may avoid thinking or talking about the person or even going places or doing things associated with the person or the death” (The National Child Traumatic Stress Network [NCTSN], n.d.). Consequently, children avoid reminiscing about the deceased and may avoid any reminders of the loved one.

Although literature recognizes both CG and CTG in children, researchers note that a child's realization of death is expressed in accordance with their age or level of development (Frontiers in Psychology, 2019; Goodman, n.d.). The following factors strongly affect how children will positively or negatively adjust throughout the grieving process:

- Type of death
- Physical and emotional functioning of the surviving adults/parents
- Age and socioeconomic status of the child
- Child's unique personality and temperament

- Pre-existing risk factors (mental illness, social problems)
- Quality of the relationship prior to death
- Concurrent life stressors (financial problems, divorce, illness)
- Available support services, interventions, and networks

(Goodman, n.d.)

Children express grief through behaviors, thoughts, emotions, or physical reactions. The intensity of those reactions will depend on their ability to:

- Understand the situation
- Worry about other’s well-being
- Feel a need to protect the living
- React to changes at home
- Accept changes in roles and expectations
- Experience feelings of isolation
- Experience a sense of injustice
- Show concern about future needs being met

(Goodman, n.d.)

The table at the end of this brief outlines how children of varying ages are likely to experience grief.

STATISTICS

The Childhood Bereavement Estimation Model (CBEM) was developed by Judi’s House along with JAG Institute to improve public awareness about the magnitude of childhood bereavement (Judi’s, 2021a). CBEM ranking is based on the percentage of children bereaved relative to the fifty states of the U.S. and the District of Columbia.

According to the data collected, approximately 5.6 million youth (under the age of 18) are bereaved in the U.S. and “the number more than doubles by age 25, to 13.3 million” (Judi’s House, 2021a).

The following tables reflect national and state data on child bereavement and how Texas ranks in comparison to the other states (including District of Columbia):

PROJECTED ESTIMATES OF CHILDREN WHO WILL BE BEREAVED DUE TO DEATH OF PARENT OR SIBLING BY AGE 18				
	CBEM Rank	% of Children	# of Children	Total # of Children
National	-	7.7	1 in 13	5.6M
Texas	42	6.4	1 in 16	466K

(Judi’s House, 2021b)

PROJECTED ESTIMATES OF CHILDREN WHO WILL BE BEREAVED DUE TO DEATH OF PARENT BY AGE 18				
	CBEM Rank	% of Children	# of Children	Total # of Children
National	-	6.1%	1 in 13	>4.4M
Texas	42	5.1%	1 in 16	>406K

(Judi’s House, 2021b)

PROJECTED ESTIMATES OF CHILDREN WHO WILL BE BEREAVED DUE TO DEATH OF SIBLING BY AGE OF 18			
	CBEM Rank	% of Children	Total # of Children
National	-	1.3%	>558K
Texas	31	1.3%	>55K

(Judi’s House, 2021b)

In 2017, The New York Life Foundation polled 1,004 Americans and 587 Millennials who had lost a parent before the age of twenty. After the loss of a loved one, most turn to other friends and family for emotional support. Yet 57% of those who were polled reported that support from friends and family tapered off within the first three months (New York Life Foundation, n.d.). Due to the long-term effects of losing a parent at a young age, “85% of Americans affirm that there is a lot more we can all do to better support kids who lose a loved one growing up” (New York Life Foundation, n.d., p. 2).

TREATMENT

Experiencing loss can markedly influence young people’s perceptions of themselves and their world, forcing changes in the sense of self, level of security, and meaning of life (Goodman, n.d.). Researchers indicate that death often appears to have long term effects on children. Most notably, these effects manifest through behavioral issues (American Academy of Child &

Adolescent Psychiatry [AACAP], 2018). Many children are not yet equipped to deal with the changes adequately enough to survive the loss without suffering major consequences. Children are most at-risk for emotional problems, particularly depression, especially after the loss of a parent; “After a parent dies, many children will act younger than they are” (AACAP, 2018). More in-depth treatment may be necessary when children continue to experience problems after two or more years (Goodman, n.d.).

Emotional and/or behavioral problems can persist far into children’s adolescent years and beyond. For example, students that witness school shootings, regardless of how small/large the number of victims are likely to suffer from traumatic stress symptoms. Many witnesses have temporary symptoms, although others may be “symptomatic for a much longer period of time and even develop chronic psychiatric disorders” (Children’s Hospital of Philadelphia Research Institute, 2020).

Failure to respond appropriately to grieving children can lead to the hindrance of the natural progression of child development. Potential negative health, education, and social aspects may impact the skills that cultivate strong relationships, academic success, etc. The lack of action not only affects the child but can lead to negative consequences for families, the community, the economy, and society as a whole (Harvard FXB Center for Health & Human Rights, n.d.). Fortunately, there are ways to help children who experience grief. In addition to individual counseling, the most commonly used treatments include:

- Group counseling
- Play therapy
- Art therapy
- Music therapy
- Storytelling
- Letter writing

These and other creative outlets allow the children to express their hurt, worries, unnamed fears and other emotions that they may be unable to express verbally. Additionally,

it grants children a sense of control by having a choice in the artistic medium they explore; particularly children experiencing CTG would benefit, as they sometimes feel this loss of control during bereavement (Social Work Today, 2015).

SUPPORTING CHILDREN THROUGH GRIEF

Unfortunately, many adults may not realize that their child is suffering because they believe that the child will be resilient or be able to easily adapt or adjust to traumatic loss (Mannarino & Cohen, 2011). Techniques to support children differ based on the type of death. It is essential that a child’s family work to help the child understand death if the loss of a loved one is imminent. Ways that a parent or a guardian can help prepare a child for an expected death include:

- Talk to the child about death and serious illness
- Use nature (e.g., leaf colors, seasons) to explain the life cycle
- Share personal experiences with death
- Use age appropriate books to explain the concept of death
- Use age appropriate materials to explain the concept of death

(KidsHealth, 2021)

The ultimate goal is to teach children that death happens and is a natural part of the cycle of life; these methods will help a child through the grieving process (KidsHealth, 2021). Often times, however, children lose all sense of security when a violent or unexpected death occurs. Many suffer guilt, in addition to grief, because they believe that they somehow caused the death (e.g., by wishing it on the person, thinking about it, or believe it happened as their punishment for some perceived wrongdoings). Commonly, it is thought that many of these children do not need services to help them cope with the loss if they were not there when the death occurred. “Unexpressed anger, guilt and shame can impair the child’s ability to form meaningful relationships in the future. Children who

struggle with those emotions may benefit from professional help” (Schneider, n.d.).

CHILDREN’S GRIEF SERVICES IN SAN ANTONIO

Regardless of how the loved one died, many children do not have the same access to treatments as adults do; thus, many of them will internalize their sorrows and try to prevent further hurt to their surviving relatives. Research has shown that “grieving children feel less alone when they are with other children who have experienced the death of a significant person and when they have loving, consistent adults in their lives” (National Alliance for Grieving Children, 2013). Ultimately, the role of the family is essential in making the child aware that the expression of grief is acceptable.

Within the Kronkosky Charitable Foundation’s four counties of interest, only Bexar and Comal counties have centers that provide services specifically for children who are experiencing grief and/or bereavement.

Bexar County

- **The Children’s Bereavement Center of South Texas** (CBCST) is geared towards in-depth group support as well as individual

counseling for children ages 3-24 years old and their families. They use play, art, books, music, and discussion to help children process and express feelings related to the deceased (CBCST, 2020).

- **The Ecumenical Center for Religion and Health** (ECRH) (2022a) is a faith-based center that is available to children ages 18 and younger. ECRH employs various modalities including clinical therapy, music therapy, art therapy, and EEG Biofeedback therapy (also known as neurofeedback), a treatment process that “encourages the brain to restore or establish a more stable and holistic functioning, thus improving mental, emotional, and physical health” (ECRH, 2022b).

Comal County

- **Hope Hospice** provides support groups for children who have lost a loved one through their child’s grief program. Parents and/or caregivers of participating children are also provided support (Hope Hospice, 2022a). Hope Hospice also offers Camp HavenHeart, a special weekend bereavement camp for grieving children (Hope Hospice, 2022b).

CHILDREN'S REACTION TO DEATH & HOW TO HELP			
Age	Belief	Possible Grief Reactions	How to Help
Infancy (0-2 year(s) old)	No cognitive understanding of death Can experience feelings of loss and separation	Look for person that died Cry excessively Become less active- quiet, less responsive Develop separation anxiety- wanting to be held more, clingy Become fretful, distressed	Keep routines and normal activities running Comfort with physical touch (hold and cuddle them more) Speak more calmly and gently to them Provide comfort items (toy, blanket)
Toddlers and Preschool (2-4 years old)	Understand separation Magical thinking about causes of death-can come alive again or wished death	May experience some grief reactions listed for infants Fearfulness May fear going to sleep Changes in eating Regression (returning to crawling, wanting a bottle, bed wetting) Dream or sense the presence of person who died Increase in tantrums	Include strategies from previous age groups Acknowledge their sadness-teach them to use words that describe feelings Explain death as a part of life Encourage play
School-age Children (4-10 years old)	May think death is temporary Curious about logistics of the person who passed	May experience some grief reactions listed for toddlers Self-blame Easily distracted, forgetful May feel embarrassed and attempt to conceal loss Physical complaints	Include strategies from previous age groups Frequent reassurance of child's safety Allow them to participate in planning service Stay close to them
Preadolescent (10-12 years old & above)	Understand that death is final Increased awareness of how others react to death	May experience some grief reactions listed for school-age children Be anxious about safety of family & friends Attempt to please adults to not worry them Become focused on the death-develop questions, constant contemplation, dreams, discussions on the topic	Include strategies from previous age groups Allow open communication Constant reassurance & encouragement Demonstrate understanding of child's grief Avoid adult expectations Honesty on events & feelings
Teenagers (13-19 years old)	Death is accepted as a part of life Death may not affect teenager personally	May experience some grief reactions listed for preadolescent children Become easily distracted, forgetful Change in self-image, lower self-esteem, possible thoughts of suicide Withdrawn- sense of loneliness Risk-taking behavior in form of escapism or indicate that they're alive- drinking, drugs, sexual contact, reckless driving	Keep routines and normal activities running Allow open communication Acknowledge their emotions Discuss grief- it is normal, everyone is different Avoid adult expectations Allow them to participate in planning the funeral
(KidsHealth, 2021)			

REFERENCES

- American Academy of Child & Adolescent Psychiatry. (2018). *Grief and children*. Retrieved from https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx.
- Children's Hospital of Philadelphia Research Institute. (2020). *School shootings*. Retrieved from <https://injury.research.chop.edu/violence-prevention-initiative/types-violence-involving-youth/school-shootings#.XboDR-hKiUn>
- The Children's Bereavement Center of South Texas (CBCST). (2020). *FAQ's*. Retrieved March 3, 2022, from <http://cbcst.org/what-we-do/faqs/>
- Ecumenical Center for Religion and Health (ECRH). (2022a). *About us*. Retrieved from <https://www.ecrh.org/about-us/>
- Ecumenical Center for Religion and Health (ECRH). (2022b). *The center for health*. Retrieved from <https://www.ecrh.org/health/neurofeedback/>
- Frontiers in Psychology. (2019). *Child and adolescent depression: A review of theories, evaluation instruments, prevention programs, and treatments*. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00543/full>
- Goodman, R. (n.d.). *Children and grief: What they know, how they feel, how to help*. Retrieved March 1, 2022, from <http://wearebackontrack.com/wp-content/uploads/2015/07/Children-and-Grief.doc>
- Griese, B., Burns M., & Farro, S. (2018). *Pathfinders: Promoting healthy adjustment in bereaved children and families*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/07481187.2017.1370416>
- Harvard FXB Center for Health & Human Rights. (n.d.). *The Cost of inaction*. Retrieved March 1, 2022, from <https://fxb.harvard.edu/cost-inaction/>
- Hope Hospice. (2022a). *Community grief services*. Retrieved from <https://www.hopehospice.net/community-grief-services>
- Hope Hospice. (2022b) *Camp HavenHeart*. Retrieved from <https://www.hopehospice.net/camps-and-events>
- Judi's House. (2021a). *Childhood bereavement estimation model*. Retrieved from <https://www.judishouse.org/cbem>
- Judi's House. (2019b). *Understanding childhood grief in the U.S.: Texas 2019*. Retrieved from <https://judishouse.org/research-tools/cbem/cbem-reports/>
- KidsHealth. (2021). *Bereavement reaction of children and young people by age group*. Retrieved from <https://www.kidshealth.org.nz/bereavement-reactions-children-and-young-people-age-group>
- Mannarino, A., & Cohen, J. (2011). Traumatic loss in children and adolescents. *Journal of Child & Adolescent Trauma*, 4:1, 22-33. doi:10.1080/19361521.2011.545048 <http://www.tandfonline.com/doi/pdf/10.1080/19361521.2011.545048>
- Nader, K., and Salloum, A. (2011). Complicated grief reactions in children and adolescents. *Journal of Child & Adolescent Trauma*, 4, 233- 257. doi:10.1080/19361521.2011.599358 <https://link.springer.com/article/10.1080%2F19361521.2011.599358>
- National Alliance for Grieving Children. (2013). *About childhood grief*. Retrieved from <https://childrengrieve.org/resources/about-childhood-grief>
- National Cancer Institute. (2021). *Grief, bereavement, and coping with loss (PDQ®)-Patient version*. Retrieved from <https://www.cancer.gov/about-cancer/advanced-cancer/caregivers/planning/bereavement-pdq#section/all>
- The National Child Traumatic Stress Network (NCTSN). (n.d.). *Effects*. Retrieved March 1, 2022, from <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief/effects>
- New York Life Foundation. (n.d.). *The New York Life Foundation's bereavement survey: Key findings*. Retrieved March 3, 2022, from https://www.newyorklife.com/assets/foundation/docs/pdfs/survey_key_findings.pdf
- Schneider, L. (n.d.). *Explaining homicide to children*. Retrieved March 3, 2022, from <https://elunanetwork.org/resources/explaining-homicide-to-children/>
- Social Work Today. (2015). *How children grieve- Persistent myths may stand in the way of appropriate care and support for children*. Retrieved from <https://www.socialworktoday.com/archive/030415p20.shtml>
- Washburn Center for Children. (2019). *Supporting children who are experiencing grief or loss*. Retrieved from <https://washburn.org/resources/for-families/resources/grief/>