Peter's Place
A Center for Grieving Children and Families

Tips for Parents & Care-Providers: What to Tell Children About Suicide

Children and Grief

When someone you or your child knows has died by suicide, you may feel unsure about how to explain or talk to them about what has happened. This handout, adapted from SAVE (Suicide Awareness Voices of Education), is a wonderful resource to help guide you through this difficult time. You may also visit their website for more information on suicide prevention (www.save.org).

What children or adolescents might feel after experiencing the death of someone they love to suicide:

- **Sad -** that they will no longer see or interact with the person who died.
- **Shocked** – extremely surprised or stunned that the person is no longer alive or that he/she intentionally caused their own death.
- **Angry** - with the person who died, at God, at everyone, at the situation as a whole; even angy with themselves.
- **Guilty** - because they may have wished or thought of the person's death. Or they feel that they should have said or done something to prevent the suicide.
- **Culpable** – that the death is somehow their fault. If they would have loved the person more or would have behaved differently, the person may not have died by suicide.
- **Inadequate** – as if they were not worthy or valuable enough to have prevented the person from ending their life.
- **Abandoned** - that the person who died didn't love them or did not love them enough to refrain from suicide.
- **Afraid** - that they will die too or that others around them might die.
- **Worried** - about who will take care of them; about what might happen to their family; about what others might think of them, the person who died, or their family.
- **Denial** – acting and pretending as if nothing happened; or acting normally as a way to protect themselves from intense pain or hurt. Also wishing that it would all just go away.
- **Embarrassed** - to return to school and/or to disclose the cause of death (suicide).
- **Confused -** about how, why the person died and/or what like will be like without the person.
- **Lonely –** as if they might be the only one their age to have experienced this type of loss.
- **Numb** – as if they can't feel anything. Often this is a natural protection from feelings that could otherwise be too overwhelming or too powerful to manage.
- **Relieved** – especially if the deceased individual had struggled with long-term mental health problems or was extremely distressed for a substantial period of time; or if the individual who died had made repeated suicide attempts in the past. Often, then, there can be feelings of guilt that follow (or coincide with) feelings of relief.

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In the aftermath of a suicide, a child or adolescent may have many mixed feelings or may feel "numb." Whatever they are feeling, it is helpful for adults to be supportive, comforting, and accepting. Reassure the young person that - whatever feelings they might experience - they have permission to express them in a way and a time that is right for them. If they want to keep to themself or if they tend to socially withdraw for a while, it is fine. It is normally not helpful for adults to indicate to a child how they *should* (or should *not*) feel. As well, adults can help children who are suicidally bereaved by fostering an environment in which all feelings – even those that we might label as "negative," such as anger, despair or frustration – are accepted and honored. As with any expression of emotion, it is also important that boundaries are established and respected. (E.g., "It is okay to run around the yard when you are angry, but it is not okay to hit someone when you are angry;" or, "It is alright to yell into a pillow when you feel frustrated, but it is not okay to throw things at others when you feel that way.")

How do we explain suicide to children or young people?

Age and developmental capacity are critical factors in understanding the type and amount of information to provide to young people about a suicide. For some children a 1- or 2-sentence explanation about suicide will suffice, while for others there may be on-going questions. Simplicity can be a valuable tool in communicating issues and details around suicide, as children will tend to take in just as much information as they can process at any given time. They may come back at another time and request to hear the information again, or may have other questions. Honesty and sensitivity (again, while considering age and developmental capacities) are critical when answering these questions. Honesty and openness are paramount, since - in our highly technological and informational age – children are most likely to discover what happened at some point. Most families, then, prefer that loving adult family members be the message-bearers, even though it may be difficult. Additionally, if loving family members are the ones to deliver this challenging information, it also provides them with some measure of control over what message is delivered and how it is delivered; as well, these loving adults can provide the necessary support that the child may need when they are told of the suicide death. When a child hears that someone died by suicide, one of their first questions might be, "What is suicide?" One way to explain it is that people die in different ways - from cancer, heart attacks, car accidents, or old age for example. Suicide simply means that a person caused his or her own death intentionally; it doesn't have to mean more than that. However, also explaining that the person they loved caused their own death because they had an illness in their brain can also be helpful. If the young person presses for more detail, use your discretion to help the child understand as much as is age appropriate.

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Some examples of explaining why suicide happens might be:

- "He had an illness in his brain (or mind) and he died."
- "Her brain got very sick and she died."
- "The brain is an organ of the body just like the heart, liver and kidneys. Sometimes it can get sick, just like other organs. Sometimes this sickness can cause people to die."
- "She had an illness called depression and it caused her to die."

If someone the child knows, or the child him/herself, is being treated for depression, it is critical to stress that only some people die from depression, not everyone. Remind the child that there are many options for getting help, like medication, psychotherapy, or a combination of both.

A more detailed explanation might be:

"Our thoughts and feelings come from our brain, and sometimes a person's brain can get very sick - the sickness can cause a person to feel very badly inside. It also makes a person's thoughts get all jumbled and mixed up, so sometimes they can't think clearly. Some people can't think of any other way of stopping the hurt they feel inside. They don't understand that they don't have to feel that way, that they can get help." It is important to note that there are people who were getting help for their depression and died anyway. Just as with other illnesses, a person can receive the best medical treatment available and still not survive. This can also be the case with depression, bipolar disorder, and schizophrenia. A child needs to understand that the person who died loved them, but that because of the illness he or she may have been unable to convey that or to think about how the child would feel after the death. The child needs to know that the suicide was not their fault, and that nothing they said or did, or didn't say or do, caused the death. Some children might ask questions related to the morals of suicide - good/bad, right/wrong. Suicide is none of these - it is something that happens when pain exceeds resources for coping with that pain. Whatever approach is taken when explaining suicide to children, they need to know they can talk about it and ask questions whenever they feel the need. They need to understand they won't always feel the way they do now, that things will get better, and that they'll be loved and taken care of no matter what.

Suggested Reading for Kids

- *Bart Speaks Out: Breaking the Silence on Suicide* by Linda Goldman, M.S.
- *Child Survivors of Suicide: A Guidebook for Those Who Care For Them* by Rebecca Parkin with Karen Dunne-Maxim
- *When Dinosaurs Die - A Guide to Understanding Death* by Laurie Krasny Brown & Marc Brown
- *The Grieving Child: A Parent's Guide* by Helen Fitzgerald
- *Talking About Death: A Dialogue between Parent & Child by Earl A. Grollman*

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