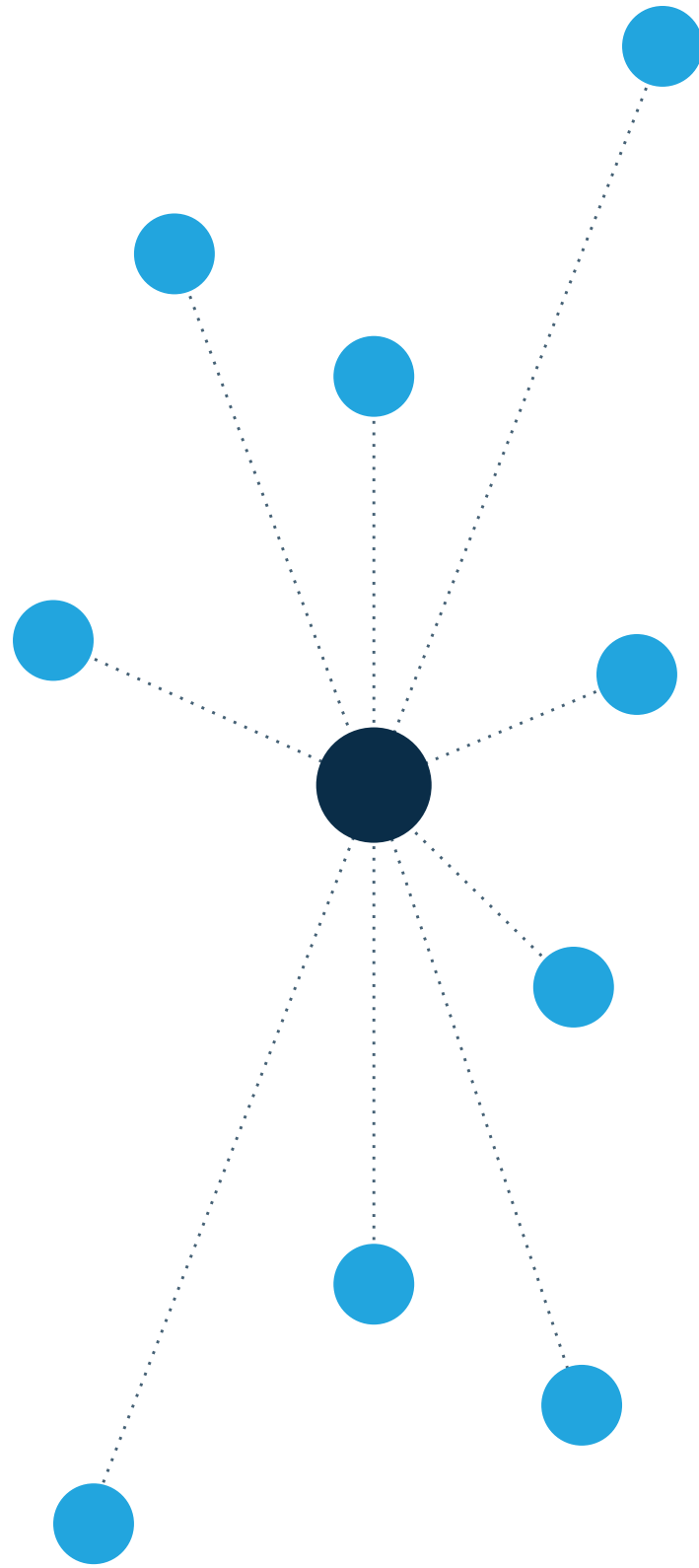


Bereavement Facts & Figures

September 2020





The unexpected or untimely death of a loved one is among the most common traumatic events Americans experience; many rate it as the worst event in their life.¹ Yet, the death of a loved one and its implications remain invisible because of a lack of awareness and government accounting. The Centers for Disease Control and Prevention (CDC) collects data on mortality events but not on the surviving family and friends or the enduring ramifications in the aftermath for the bereft. We can deduce, however, that prevalence and incidence of bereavement is high due to the “multiplier effect,” meaning for every one death multiple individuals are impacted. For example, for every one COVID-19 death, approximately nine Americans will survive having lost a grandparent, parent, sibling, spouse or child. Moreover, the study’s authors suggest that nine individuals is a significant underestimate.² These family survivors are now themselves at risk for poor physical health outcomes, premature death, and other adverse consequences that can alter their life course.

Americans are experiencing an alarming number of unexpected deaths with little, if any, access to high-quality bereavement care.



Ellis was an avid reader, cyclist and music enthusiast who was killed by a drunk driver at age nineteen.

Americans are experiencing an alarming number of unexpected deaths with little, if any, access to high-quality bereavement care. Bereavement is unrecognized and unattended by researchers, policymakers, and practitioners alike. It is ubiquitous and yet invisible as a public health matter, with profound implications for the social and economic well-being of families, communities, and the nation as a whole.

Rigorous population-level studies examining the health behaviors and outcomes of millions of individuals find that bereaved parents,³ siblings,⁴ children⁵ and spouses⁶ are all at risk of premature death, as well as a host of other poor health, social and economic outcomes, as a result of such loss. Bereavement is a major driver of many health inequalities by race and socioeconomic status that continue to challenge the nation and families for years following the death event.⁷

Mortality Prior to COVID-19

In 2018, the most recent year that data is available, the CDC recorded more than 2.8 million deaths, the most on record.⁸

The data reveals the following:

Suicide

- Suicide rates increased by 35 percent from 1999 to 2018.⁹
- Suicide is the second leading cause of death among persons aged 10-34, and the fourth leading cause of death among persons aged 35-54.¹⁰
- From 2007-2017, suicide increased 56 percent among persons aged 10-24. Among persons aged 15-19, suicide increased 76 percent from 2000-2007.¹¹

Homicide

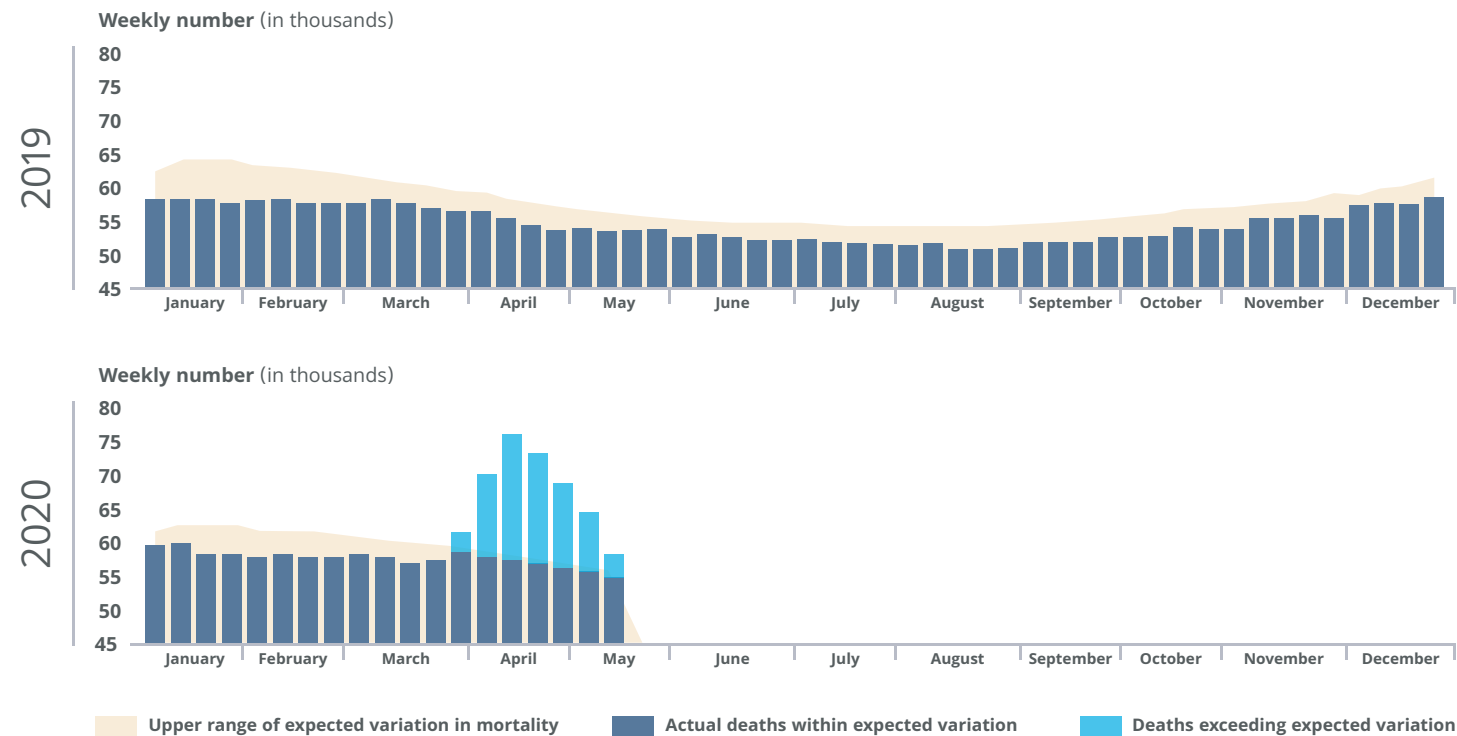
- In 2017, homicide was the fourth leading cause of death among persons aged 1-9, fifth among children aged 10-14, and third among persons aged 15-34.¹²
- The homicide rate among persons aged 10-24 remained stable from 2000-2007, declined 23 percent from 2007 to 2014 and then increased 18 percent through 2017.¹³
- Black men are at 12.5 times greater risk of homicide than White men.¹⁴
- Black men and boys account for 54 percent of all homicide victims.¹⁵

Overdose deaths

- According to the CDC, more than 702,000 Americans died from overdoses from 1999 through 2017.¹⁶
- In 2017, two-thirds of the 70,237 overdose deaths involved prescription or illicit opioids, resulting in 130 deaths per day.^{17,18} By 2018, opioid overdoses dropped by 4 percent, resulting in 67,367 deaths.¹⁹
- During 2015-2017, among Americans 18 and older, nearly all racial/ethnic and age groups experienced increases in opioid-involved overdose deaths. Of note, Black Americans aged 45-54 years and 55-64 years who live in large central metro areas and White Americans aged 25-34 years who in large suburban metro areas experienced the biggest increases in opioid-involved overdose deaths.²⁰
- In 2017, individuals aged 25-34 years had the highest mortality rate due to opioid involved overdoses, while persons aged 35-44 years and 45-54 years followed.²¹ Notably, these demographics correlate to prime child-bearing and child-rearing years, leaving bereaved parents and children at risk for adverse health and life

Mortality Since COVID-19

Including COVID-19, mortality rates from all causes exceed projected deaths relative to 2019 trends. A June 2020 Government Accounting Organization (GAO) report, [COVID-19: Opportunities to Improve Federal Response and Recovery Efforts](#), illustrates how mortality has increased above 2019 trends and how the number of deaths during the COVID-19 pandemic has exceeded the anticipated number of deaths, based on previous mortality trends documented by the CDC.²²



In addition, according to [The New York Times](#), through May 2020, homicide rates have increased nearly 22 percent in 36 U.S. cities, with some reporting records levels of violence.²³ While it is too soon to know if this increase is a brief deviation or a harbinger of things to come, the trend is concerning.



Regie is a literary performer and educator whose father died way too young. He still wrestles with the loss of his father.

Mortality Among Black Americans

Black Americans are disproportionately impacted by the premature deaths of loved ones. Across the life course, Black Americans are more likely to experience the death of children, spouses, siblings and parents when compared to White Americans.²⁴ They are three times as likely as White Americans to have two or more family members die by the time they reach the age of 30.²⁴

Further, Black Americans are exposed to death earlier and more frequently than White Americans. Individuals who are exposed to death at early ages are more vulnerable to negative social and health outcomes for the rest of their lives.²⁵ These experiences cause greater cumulative disadvantages, induce greater levels of stress and deplete financial resources.²⁵

Bereaved Children: Losing a Parent in Childhood

Prevalence and premature death

In the United States today, an estimated two million children under the age of 18 have a mother or father who has died.²⁶ Young people who lose a biological parent have a significantly increased risk of attempting suicide.²⁷

Other outcomes

When compared to non-bereaved children, bereaved children experience lower self-esteem,²⁸ reduced resilience,²⁹ lower grades and more school failures,³⁰ heightened risk of depression,³¹ suicide attempts,³² suicide,³³ and premature death due to any cause,³⁴ drug abuse,³⁵ violent crime involvement,³⁶ youth delinquency,³⁷ and a greater number of, and more severe, psychiatric difficulties.^{38,39}

Racial inequity

Black children are exposed to death, and thus bereavement, earlier in life and in greater frequencies than White Americans which undermines their health, increases mortality risk and can alter their life course.⁴⁰ Black children are three times as likely to lose a mother and more than twice as likely to lose a father by age 10 when compared to White children.⁴⁰ By age 20, Black children are twice as likely to lose a mother and 50 percent more likely to lose a father when compared to White children.⁴⁰

Juvenile Justice

Detained youth are exposed to greater levels of violence because many grow up in high-crime neighborhoods and experience greater levels of poverty. Nearly 90 percent of detained youth report experiencing the death of at least one close loved one, while 65 percent report multiple losses. Of those bereaved youth, 65 percent report violent death loss. Approximately 25 percent of detained bereaved youth joined a gang following the loss of a caregiver or friend.⁴¹

An estimated **two million children** under the age of 18 have a deceased mother or father.

Bereaved Siblings: Losing a Sibling During Childhood

Prevalence and premature death

Approximately eight percent of the US age 25 and under, around eight million Americans,⁴² have lost a sibling.⁴³ Siblings who lose a brother or sister during adolescence face a 71 percent increase in all-cause mortality for 37 years post-death. The risks are highest during the first year after sibling death, among siblings of the same sex, and among siblings close in age.⁴⁴

Other outcomes

Young people who lose a sibling are more at risk for a number of poor outcomes, and bereaved sisters are far more affected than bereaved brothers. Bereaved sisters are at increased risk of completing fewer years of school, dropping out of high school, becoming pregnant as a teen, not attending college, and have an average reduction in income of 20 percent.⁴⁵

Racial inequality

Sibling relationships are often the longest and deepest relationships we have. Black siblings are 20 percent more likely than White siblings to have lost a sibling by age 10.⁴⁶ By age 60, they are 50 percent more likely to have lost a brother or sister.⁴⁶

Approximately eight percent of the U.S. population age 25 and under have lost a sibling.

Bereaved Parents: Losing a Child at Any Age

Prevalence and premature death

Researchers estimate that by age 60, 12 percent of American parents have experienced the death of a child. These losses incrementally increase as parents age with 18 percent of Americans age 80 and over having lost a child during their lifetime.⁴⁷ Parents who lose a child at any age are at risk of premature death, with mothers at risk of dying from both unnatural and natural causes, while fathers are more at risk of unnatural death.⁴⁸

Racial inequality

Black parents are exposed to the death of their child at exponentially greater rates than White parents hence they experience greater adverse health and social outcomes.⁵⁸ Black parents are more than two and a half times more likely than White parents to lose a child by age 30, more than three times more likely to lose a child by age 70 and more than four times more likely by age 80.⁵⁹ Moreover, when child death occurs prior to age 40, Black parents are nearly three times more likely to develop dementia when compared to White parents.⁶⁰

Other outcomes

According to the Institute of Medicine, the death of a child is one of the greatest and most enduring stresses a person can experience.⁴⁹ Bereaved parents are more likely to suffer cardiac events,⁵⁰ immune dysfunction,⁵¹ depressive symptoms, poorer well-being, less purpose in life, more health complications, marital disruption,⁵² psychiatric hospitalization,⁵³ cancer incidence,⁵⁴ dementia,⁵⁵ and premature death.⁵⁶ These health, social, and economic effects are long lasting - one study found that even after an average of 18 years since the death of a child, parents still suffered from poorer physical and mental health than non-bereaved parents.⁵⁷

Parents who lose a child at any age are at risk of premature death.

Bereaved Spouses: Losing a Wife or Husband

Prevalence and premature death

According to a 2019 U.S. Census Bureau survey, there are 3.5 million widowed men and 11.4 million widowed women in the United States.⁶¹ Bereaved spouses are at heightened risk of dying after the death of a spouse; the risk is particularly high in the first six months after the spousal death, and is higher for bereaved husbands than wives.⁶²

Other outcomes

Bereaved spouses are at risk of depression, post-traumatic stress, and prolonged grief after a spouse's death.⁶² For elderly bereaved spouses, their loss has a significant impact on their personal identity. They are more negatively impacted socially than other bereaved spouses.⁶³

Racial inequality

Like other forms of bereavement, spousal bereavement places individuals at increased risk of comorbidities and mortality. Black spouses are almost twice as likely as white spouses to lose a spouse by age 60.⁶⁴

Bereaved spouses are at risk of depression, post-traumatic stress, and prolonged grief after a spouse's death.

Moving forward

In 2018, our nation reported more deaths than ever before.⁶⁵ Moving forward, the mortality numbers will increase dramatically in the wake of COVID-19. American families are facing increasing distress due to these mortality trends. It is imperative that the nation responds with the rapid development of an evidence-driven bereavement care system as part of its overall public health and economic recovery strategy. Deaths from suicide, gun violence, overdose, and now COVID-19 are regular headlines, yet bereavement and bereavement care remain absent in our public health dialogues and the funding priorities of private foundations and federal agencies.



Jason is a poet and gay man who, twenty years later, still struggles with the death of his transgendered sister, Bella.

Losing a loved one is not simply a distressing mental health event — it threatens the lives, health, stability, and productivity of individuals, families, and communities.

Within the first two years of a death event (or the acute bereavement period), most individuals will present emotional distress, with a few experiencing severe distress requiring intervention by skilled experts. Nonetheless, the implications of losing a loved one are not acknowledged as a severe health event that alters the life course. Bereavement itself is a major life event that not only causes emotional distress, but also changes the trajectory and outcomes of the bereaved. Protecting people from devastating medical, financial and social outcomes requires an evidence-based, qualified, professional response from every provider or professional that touches the family, including law enforcement, child welfare, medical professionals, funeral homes, employers, clergy, and schools.

We can reimagine a tomorrow where families from every color and every walk of life, religion or socioeconomic status, have access to innovative programs and tools that support functional coping and adaptive processing; where the professionals who serve families – whether first responders or HR directors – have the resources in place and know how to help. Now, is the time for a social paradigm shift where bereavement care is the rule, not the exception.



Betsy lost her only son, Dylan, at seven weeks old when a daycare provider laid him on his stomach to nap. She has fought to change state laws to protect other children and parents. Photo: Sarah Houston Photography

About Evermore

Bereavement care in America is broken, and Evermore is here to change that. The death of a loved one can have devastating consequences threatening family well-being, stability and solvency. We are committed to an America where all families and professionals have access to the care, programs, tools, policies and resources they need. We believe in a new tomorrow where bereavement care is the rule, not the exception. Evermore is dedicated to making the world a more livable place for bereaved individuals and families.

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References

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869975/>
2. <https://www.pnas.org/content/pnas/early/2020/07/09/2007476117.full.pdf>
3. <https://pubmed.ncbi.nlm.nih.gov/22045850/>
4. <https://www.ncbi.nlm.nih.gov/pubmed/28437534>
5. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001679>
6. <https://pubmed.ncbi.nlm.nih.gov/32744212/>
7. <https://pubmed.ncbi.nlm.nih.gov/29172766/>
8. <https://www.cdc.gov/nchs/data/databriefs/db355-h.pdf>
9. <https://www.cdc.gov/nchs/products/databriefs/db362.htm>
10. <https://www.cdc.gov/nchs/products/databriefs/db362.htm>
11. <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>
12. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf
13. <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>
14. <https://www.cdc.gov/mmwr/volumes/67/ss/ss6711a1.htm>
15. <https://www.cdc.gov/mmwr/volumes/67/ss/ss6711a1.htm>
16. <https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>
17. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6911a4.htm>
18. https://www.cdc.gov/injury/features/prescription-drugoverdose/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fprescription-drug-overdose%2Findex.html
19. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6911a4.htm>
20. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6843a3.htm>
21. <https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf>
22. <https://www.gao.gov/assets/710/707839.pdf>
23. <https://www.nytimes.com/2020/07/06/upshot/murders-rising-crime-coronavirus.html>
24. <https://www.ncbi.nlm.nih.gov/pubmed/28115712>
25. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6309550/>
26. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3471209
27. <https://pubmed.ncbi.nlm.nih.gov/21039482/>
28. <https://journals.sagepub.com/doi/10.2190/P77L-F6F6-5W06-NHBX>
29. <https://www.ncbi.nlm.nih.gov/pubmed/29724669>
30. <https://www.ncbi.nlm.nih.gov/pubmed/24616354>
31. https://journals.lww.com/jonmd/Abstract/2009/01000/Re_Examining_the_Long_Term_Effects_of_Experiencing.5.aspx
32. <https://www.ncbi.nlm.nih.gov/pubmed/21039482>
33. <https://www.ncbi.nlm.nih.gov/pubmed/26558351>
34. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001679>
35. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4037812/>
36. https://www.researchgate.net/publication/43355390_Psychiatric_Morbidity_Violent_Crime_and_Suicide_Among_Children_and_Adolescents_Exposed_to_Parental_Death
37. https://www.researchgate.net/publication/254320684_Childhood_parental_bereavement_The_risk_of_vulnerability_to_delinquency_and_factors_that_compromise_resilience
38. https://www.researchgate.net/publication/247677549_Annotation_Childhood_Bereavement_Following_Parental_Death
39. Layne, C. M., & Kaplow, J. B. (2020). Assessing bereavement and grief disorders. In E. A. Youngstrom, M. J. Prinstein, E. J. Mash, & R. A. Barkley (Eds.), *Assessment of Disorders in Childhood and Adolescence* (5th ed., pp. 471-508). New York: Guilford Press.
40. <https://www.ncbi.nlm.nih.gov/pubmed/28115712>
41. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4577059/>
42. Kaiser Family Foundation, Population Distribution by Age.
43. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302726/>
44. <https://www.ncbi.nlm.nih.gov/pubmed/28437534>
45. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302726/>
46. <https://www.ncbi.nlm.nih.gov/pubmed/28115712>
47. <https://repositories.lib.utexas.edu/bitstream/handle/2152/78701/PRC-fact-sheet-2018-umberson-child-death-factsheet.pdf?sequence=2&isAllowed=y>
48. <https://www.ncbi.nlm.nih.gov/pubmed/12573371>
49. Christ, G., Bonanno, G., Malkinson, R. & Rubin, S. (2003). When Children Die: Improving Palliative and End-of-Life Care for Children and Their Families. *Institute of Medicine*, p.553-579.
50. <https://www.ncbi.nlm.nih.gov/pubmed/12270855>
51. <https://psycnet.apa.org/record/1992-05615-001>
52. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2841012/>
53. <https://www.nejm.org/doi/full/10.1056/NEJMoa033160>
54. <https://acsjournals.onlinelibrary.wiley.com/doi/pdf/10.1002/cncr.10943>
55. <https://academic.oup.com/psychsocgerontology/article-abstract/doi/10.1093/geronb/gbz154/5639671?redirectedFrom=fulltext>
56. <https://www.ncbi.nlm.nih.gov/pubmed/12573371>
57. Rogers, C., Floyd, F., Mailick Seltzer, M., Greenberg, J., & Hong, J. (April 2008). Long-Term Effects of the Death of a Child on Parents' Adjustment in Midlife. *Journal of Family Psychology*, p. 203-211.
58. <https://www.ncbi.nlm.nih.gov/pubmed/28115712>
59. <https://journals.sagepub.com/doi/abs/10.1177/0022146517739317>
60. <https://academic.oup.com/psychsocgerontology/article-abstract/doi/10.1093/geronb/gbz154/5639671?redirectedFrom=fulltext>
61. <https://www.census.gov/data/tables/time-series/demo/families/marital.html>
62. <https://pubmed.ncbi.nlm.nih.gov/21858130>
63. <https://www.ncbi.nlm.nih.gov/pubmed/29136603>
64. <https://www.ncbi.nlm.nih.gov/pubmed/28115712>
65. <https://www.cdc.gov/nchs/products/databriefs/db355.htm>

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