How to Talk to Children About Death, How They Respond, and How You Can Help





Talking to children about death is one of the most challenging conversations adults may face. Children process and respond to death differently than adults, as their understanding of death evolves with both age and developmental stage. This resource provides concise, practical information on how to approach these sensitive discussions, explains common ways children respond to loss, and offers guidance on how adults can best support children who are grieving.

Ages 2-4

Concept of Death	Common Responses	Ways to Help
Children do not understand the permanency of death.	 Crying. Sleep disruptions. Irritability. Asking repeated questions. Regressive behaviors, such as bed wetting, thumb sucking, baby talk, and requests for co-sleeping. Emotional and behavioral reactions are common, including spurts of strong reactions or acting as if nothing has happened. Children are most likely to express themselves through their behavior and play. Children may ask questions like, "My sister died?" "Do you know when she will be home?" "Will you die too?" 	 Create a consistent routine, especially around starting a day or ending one. Provide tactile stimulation through holding, hugs, and skin-to-skin contact to convey safety. Use short, true, and concrete explanations of death, "Your brother died. His body stopped working." Answer questions honestly. Offer physical and emotional support. Avoid shaming responses to regressive behaviors. Say things like, "Everyone has a hard day. I'm here to support you." Provide consistent reassurance of the primary caregivers' safety, the child's safety, and other animals and people in a child's life who are significant to them.

Ages 5-8

Concept of Death	Common Responses	Ways to Help
Children may believe death is reversible.	 Sleep disruptions, including nightmares. Emotional and behavioral reactions are common, including spurts of strong reactions or acting as if nothing has happened. Physical complaints (stomachaches, headaches). Regressive behaviors such as thumb sucking and bedwetting- particularly with 5-and 6-year-olds. Sudden or increased difficulty concentrating or sitting still. Children may feel responsible for the death and worry that their thoughts or wishes caused the person to die. Children may say things like, "It's my fault. I was mad and wished she had died." Children may have repetitive questions, such as "How did this person die? Why did they die? Will you die too? Will I die, too? Where did they go?" 	 To the extent possible, keep the child's routine consistent. Use concrete language when talking about death. "Your brother was hit by a car while crossing the road. He died at the hospital. They did everything they could to save him, but there were too many injuries, and he died." Allow for questions and answer them honestly. Ensure you understand the question before answering. Don't provide additional details unless the child asks. They will ask when they're ready. Offer choices whenever possible. It provides a sense of control and predictability. For example, "Do you want toast or cereal for breakfast?" Provide opportunities for high-energy play (such as running, jumping, or dancing) and creative expression. Support their developing emotional vocabulary, "Are you angry? Are you frustrated?" Provide consistent reassurance of the primary caregivers' safety, the child's safety, and other animals and people in a child's life who are significant to them.

Ages 9-12

Concept of Death	Common Responses	Ways to Help
Children begin to understand the permanence of death and think about how it will impact them. Children may understand that there are physical details associated with a death.	 Sleep disruptions, including nightmares. Grades or academic performance may suffer. Heightened worries and concerns about the safety of loved ones or themselves. Difficulty being away from loved ones may arise, such as a reluctance to attend school. Detailed questions about death and dying, including details about the injuries to the body. Common questions include "How did they die? Why did they die? Where did they go?" Physical complaints (stomachaches, headaches). Sudden or increased difficulty concentrating or sitting still. Wide range of emotions: guilt, sadness, anger, fear, relief, confusion, etc. Children may ask about the physical details associated with a death. Children may think they caused the death, even if they do not tell you. Children may think things like, "I know they died of cancer, but what did the cancer do to their body to make them die?" or "It's my fault they died because I was mean to my sister." For some children, regret is common, and ruminations about past behavior may haunt them. 	 To the extent possible, keep the child's routine consistent. Predictability can help, but be flexible. Allow for questions and answer them honestly. Provide clear and honest information about the death, but do not overwhelm children with unnecessary graphic details. The depth of the information provided should be tailored to the child's questions, emotional state, and developmental level. It is important to stress that they are not responsible for the death. Use concrete language when talking about death. Identify activities that facilitate a connection to peers in the community (such as clubs or sports). Ask how or if they want to honor the life of the person they have lost. Listen to their ideas and seek to incorporate them into their lives. Offer choices whenever possible. It provides a sense of control and predictability. For example, "Do you want toast or cereal for breakfast?" It is important for them to have permission to have a bad day. We all do. Model how to express emotions and cope. They are watching and learning from you.

Ages 13-18

Teens know that death is		
permanent, but they also engage in magical thinking, such as believing the person is on a long trip. This is a normal way to cope; sometimes, even adults do the same.	 Turning to peers for support rather than family. Grades may fall, and they may drop out. Going to school may seem pointless. Sleep disruptions, including nightmares. Heightened worries and concerns about the safety of loved ones or themselves. Difficulty being away from loved ones may arise, such as a reluctance to attend school. Pushing themselves to succeed, maybe even at superhuman levels. Physical complaints (stomachaches, headaches). Sudden or increased difficulty concentrating or sitting still. Stepping in to become a primary caregiver in the family. Rejecting authority. Unpredictable, severe emotional reactions. Rites of passage events such as school dances, getting a driver's license, and graduation may be met with sadness/melancholy or ambivalence. Numbing behaviors (such as drinking, sex, or using drugs). It is common to think, "I can't live up to my brother; he was 	 To the extent possible, keep the teen's routine consistent. Be honest when answering questions, including saying that you "don't know the answer." Seek opportunities to connect the teen to peer groups in the community (such as clubs, coaches, etc.). Adolescence is a time marked by the development of a sense of self and identity, although individuals are often still exploring who they are, including questioning their religious identity. Provide choices in life, but also in ways to acknowledge the importance of their relationship to the person who has died. "For your sister's birthday, should we celebrate? What should we do?" Remember, this could be having her sister's favorite meal, going to a concert for her favorite band, or taking a walk. Acknowledge their loss by asking open-ended questions, "What is it like for you?" Listen without judgment, interrupting, placating, or offering advice. If teens ask, "Am I still a sister even though my brother died?" You might consider, "You will always be a sister, it is part of who you are." It's helpful to listen and validate their concerns while also offering reassurance. Maintain routines and set clear expectations; predictability can help. But be flexible when needed. It's helpful to listen and validate their concerns, while also letting them know concerns you have if you see troubling behavior.





When Children Are At Death Scenes

Remove the child from the death scene in as gentle a way as possible. Find (or be) a stabilizing adult until a trusted family member or legal guardian arrives.

- Speak with the child at their eye level, which may mean sitting on the ground or floor
- Acknowledge this is hard and may be scary
- Let them know, "I'm here to help and keep you safe."
- Depending on the child's age, you may provide some grounding with a touch on their shoulder, holding them, or holding their hand, but be aware that some children might not want to be touched
- Acknowledge it's okay to cry (if they cry)
- Reflect the language they use for family members (i.e., a mother may be mommy, Mamita, Mee-maw, mom, etc.)
- Provide opportunities for expression through activities like coloring, bubbles (which helps to regulate breath), holding a stuffed animal, walking, running, or tossing a ball

Should children go to funerals or end-of-life gatherings?

- Children should be given an informed choice. If they are to attend the funeral, then it is important to describe what will happen at the funeral, memorial service, or celebration of life (e.g. the person will be in a casket, there will be photos of them, we will play their favorite music, your cousins will be there, etc.)
- It is important to let the child know if they need a break or need to leave; a pre-designated adult they trust will leave with them.

About the Authors

Dougy Center

Dougy Center: The National Grief Center for Children & Families provides grief support to help children, teens, young adults, and their families before and after a death. Visit <u>dougy.org</u> for information, free resources, and more.

Evermore

Evermore is making the world a more livable place for all bereaved people by raising awareness, advancing bereavement science, and advocating for policy change. Visit evermore.org to learn more.

