

Making All the Difference:



A Guide to Reimagining Community Support
for Grieving Parents, Caregivers, and Families

Introduction

This Guide does not provide counseling or therapeutic support, and we are not liable for any emotional, behavioral, or physical concerns that users of our materials may experience. If you or someone you know is suicidal or in emotional distress, contact the National Suicide Prevention Lifeline at 988, or connect with their online chat (<https://suicidepreventionlifeline.org/chat/>). Trained crisis workers are available to talk 24 hours a day, 7 days a week. Your confidential and toll-free call provides crisis counseling and mental health referrals.

Acknowledgments and Copyrights

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Dedication



We are deeply grateful to the families who have shared their stories, their beloved children, and their profound losses with us. Because of your openness and generosity, this Guide offers information and resources for those who serve our fellow grieving parents, caregivers, families, and communities across the nation.

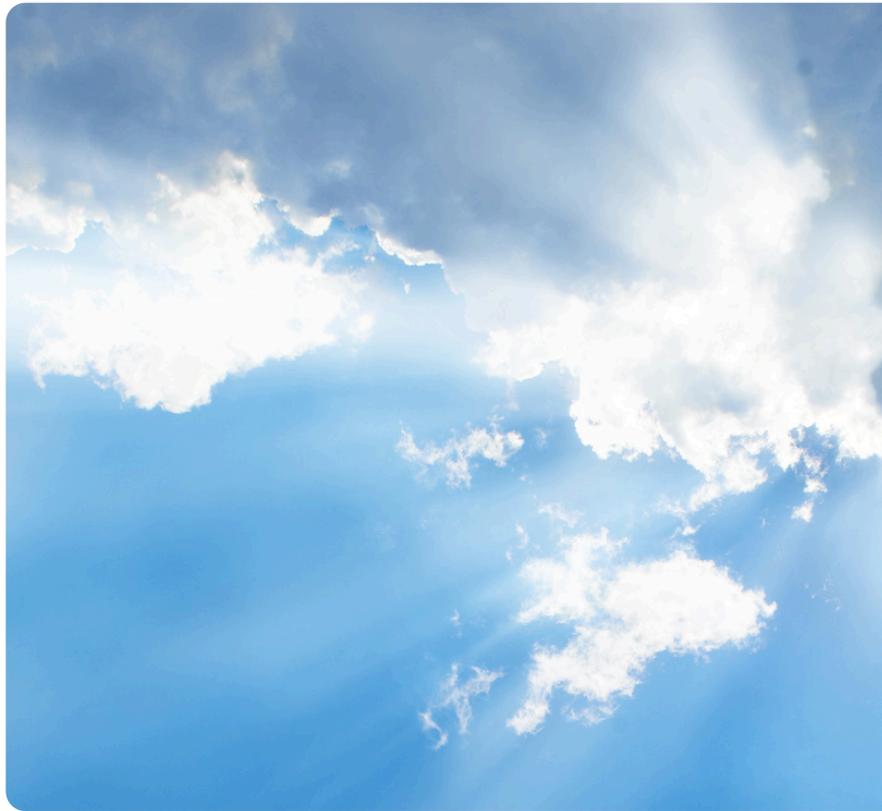
We also offer our heartfelt thanks to the frontline responders who walk alongside grieving people every day. Your compassion and unwavering presence carry us through our darkest moments. Thank you for standing with us when we need it most.

Revival

The day your son died, the person you were died, too.
—Mirabai Starr

Death came to her
as a blue sky day,
as a feral scream,
as an ambulance
with no need
for its siren.
Death came to her
saying, Ma'am,
you don't want
to see your son
this way. Death
knew what it
was doing when
it erased everything
she'd thought she knew
about how to meet a day,
when it scraped her
of who she had been
and left her half barren.
It was habit
that made her
brush her teeth,
routine that helped
her drive the car.
But it was life itself
that inspired
her, slipping
like starlight
into her every
dark cell, life itself
that whispered
to her death-bent heart,
You are not done
yet with your
loving.

—Rosemerry Wahtola Trommer, *All the Honey*



Rosemerry Wahtola Trommer is a Colorado poet who lost her son, Finn, in 2021 when he was sixteen years old. She is also the mother to Vivian and the stepmother to Shawnee. She has written two books that explore grief, the death of a child, and the possibility of falling in love with the world after a traumatic loss: *All the Honey* and *The Unfolding*. Rosemerry is Evermore's first Poet Laureate, where she helps make the world a more livable place for all bereaved people. Learn more about Rosemerry at wordwoman.com.

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About This Guide

Shattered Hopes and Dreams

Family and child-rearing have long been cornerstones of traditional American values. Parents and caregivers love their children deeply, sacrificing themselves and their resources to support them in pursuing their hopes and dreams. When a child dies, these hopes and dreams are shattered, leaving bereaved parents and families facing long-term psychological, spiritual, social - and often physical and occupational hardships. These seemingly insurmountable challenges shadow parents, families, and caregivers for years to come, if not a lifetime.

Child Death: One of the Greatest and Most Enduring Stressors

The death of a child is a devastating tragedy that forever changes the lives of the bereaved and causes a ripple effect through their communities.

While most people want to help newly bereaved families, it can be daunting for a host of reasons. Fears of saying the wrong thing or inflicting more pain can paralyze even the most well-intentioned. In some cases, others hold the irrational fear that child death is a contagion and choose to avoid the bereaved family altogether.¹

“While bereavement is stressful whenever it occurs, studies continue to provide evidence that the greatest stress, and often the most enduring one, occurs for parents who experience the death of a child.”

–*Institute of Medicine, "When Children Die" (2003)*

For these and a host of other reasons, bereaved parents, caregivers, and families become isolated and are further ostracized from their social circles and natural supports. When taken together, bereaved parents and families not only lose a child or children; they also experience cumulative losses impacting many facets of life, including their ability to cope and weather profound tragedy.

Making All the Difference for Grieving Parents, Caregivers and Families

This Community Guide is intended to offer practical advice, strategies, and basic education to key leaders and providers with the goal of reshaping our responses to grieving parents, caregivers, and families. If your community hopes to better support bereaved parents, caregivers, and families, this Community Bereavement Response Guide will help you become a more compassionate community, supporting your residents during their most challenging times.



About This Guide

The Guide is composed of general information on grief and bereavement for communities at large, as well as specific fact sheets for providers who are most likely to encounter and be in a position to support bereaved parents, caregivers, and families.



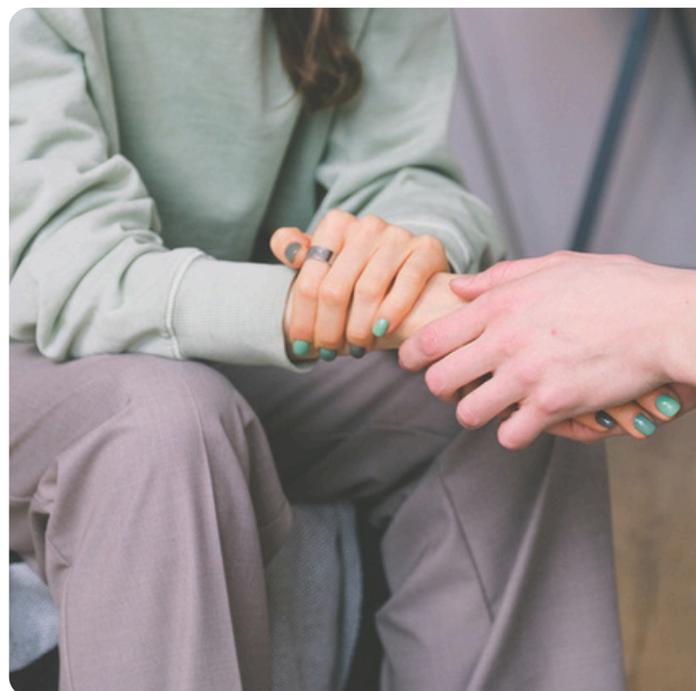
These include:

1. Childcare, Daycare, and Afterschool Providers
2. Clergy, Ordained Leaders, Chaplains, and Faith Leaders
3. Death Scene Investigators, Coroners, and Medical Examiners
4. Domestic Violence and Homeless Shelter Staff
5. Employers, Supervisors, and Human Resource Leaders
6. Emergency Department Providers and Staff
7. First Responders
8. Higher Education Faculty and Staff
9. Hospital Providers and Staff
10. Primary Care Providers and Staff
11. Reporters, the Media, and Influencers
12. Teachers, Educators, and Staff (K-12)
13. Social Service Providers

A Vision for Tomorrow: Healthy, Prosperous, and Supportive Communities for All

For far too long, bereavement has gone unrecognized by researchers, policymakers, and practitioners alike. It is an ever present, yet invisible health matter—with profound implications for the social and economic well-being of families, communities, and the nation as a whole. The death of a child is one of the most life-altering events, if not the singular most devastating event, a person can experience.^{1,2,3} These experiences create immense stress for individuals and families, often compounded by a lack of social understanding and quality professional support.

As a result, families and communities are often faced with devastating medical, financial, and social outcomes. Together, we can change that.



About This Guide



As leaders within our own communities, we have the ability to ease the additional hardships that bereaved families and caregivers experience. By fostering a culture of understanding and altering our responses and systems that attend to them, we can build a tomorrow that is more compassionate and caring.

While we can never reverse a child's death—though we would if we could—we can create a culture of social solidarity in which law enforcement, child welfare, health professionals, employers, faith leaders, and schools respond with empathy, care, and support. When taken collectively, these compassionate responses begin to transform community responses and lessen the additional hardships grieving families experience.

Making All the Difference: A Guide to Reimagining Community Support for Grieving Parents, Caregivers, and Families is a starting point to help communities restructure and reshape their responses for grieving people. This resource creates a framework in which quality bereavement care and responses are the rule, not the exception.

Setting the Context for Why Child Death Matters Now



Increasing Child Mortality Rates



Across the United States, more children are dying as a result of injury—an unquestionably alarming trend. Additionally, the rates of pediatric death are higher in the United States when compared to other wealthy countries—and that gap is only widening over time.⁴

One recent analysis found the all-cause mortality rate of children ages 1-19 years increased by 10.7 percent between 2019 and 2020. Between 2020 and 2021, it increased by another 8.3 percent—not only the most significant increase in decades, but a reversal in pediatric mortality trends.⁴ Woolf et al. noted the most notable increases were among children aged one to 19, while infants (aged < 1 year) experienced no significant increase in mortality. This alarming spike was due to injuries (e.g., substance misuse, automobile crashes, homicide), not the COVID-19 pandemic.⁴

“A nation that begins losing its most cherished population—its children—faces a crisis like no other.”

–Steve Woolf, "The New Crisis of Increasing All-Cause Mortality in US Children and Adolescents" (2024)

Increasing Child Mortality Rates

Between 2007 and 2019, suicide rates have increased by nearly 70 percent among our nation's adolescents ages 10-19, and homicide increased by 33 percent since 2013. Woolf et al. found that while the COVID-19 pandemic contributed little to the increase of all-cause mortality rates among children, rates of pediatric injury skyrocketed between 2019 and 2020, rising 22.6 percent for 10 to 19-year-olds. While homicide rates also increased by about 39 percent, perhaps the most shocking statistic was a 113.5 percent increase in drug overdoses.⁴

Stillbirths

According to the federal government, stillbirths are defined as fetal deaths that occur at 20 weeks or more.²³ Stillbirths occur in approximately 1 of 175 births in the United States, with an estimated 21,000 stillbirths reported annually. This figure is comparable to the number of infant deaths that occur within the first year of life.^{24,25}

Since the 1940s—and particularly over the past three decades—advancements in maternity care have led to a substantial decrease in the incidence of late and term stillbirths. However, in recent years, the overall rate of decline in stillbirth incidence has slowed.^{24, 26}

More Child Deaths Lead to More Bereaved Families

Americans have reported that the unexpected or untimely death of a loved one is among the most common major life stressors and worst lifetime experiences.⁵ With rising rates of pediatric mortality, more parents and caregivers are experiencing the loss of a child, placing them at greater risk for poor social, economic, and health outcomes. This trend affects more than just families and caregivers: the death of a child impacts multiple individuals—including childcare providers, teachers, fellow students, responders—which is known as the “multiplier effect.”

While the specific multiplier effect for child death has not yet been determined, we can learn from other bereavement-associated multipliers. For example, during the COVID-19 pandemic, experts projected that for every COVID-19 death, up to nine people were directly impacted (the authors' caveat is a significant underestimate of the total impact within a community).⁶ However, if we apply the COVID-19 multiplier to the annual death statistics for children, the numbers are staggering.



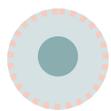
Increasing Child Mortality Rates

Each year, just shy of 40,000 children under the age of 19 die in the United States.^{7,8} If nine people are directly impacted, more than 350,000 people experience the ripple impact of a child's death. For other bereavement multipliers, such as suicide, it is estimated that as many as 135 people are directly impacted by a death, with as many as six to 32 experiencing significant loss.⁹ When applying these multipliers, more than five million people are touched by the death of a child annually.

Regardless of the multiplier, it is evident that when one child dies, many are impacted, leaving them at risk for poor physical health outcomes, premature death, and other adverse consequences that can alter their lives forever.

Impact of Each Death

Every child's death impacts at least 9 people.



Death



Family, caregivers, friends, siblings, teachers, or others

Annual Impact

40,000 childhood deaths x 9 people =

360,000



Each year, 40,000 children under age 19 die. Each death impacts at least nine people, leading to 360,000 people impacted annually.

BEYOND SADNESS: **The Aftermath of Child Death**



Beyond Sadness: The Aftermath of Child Death

Bereaved parents, siblings, and caregivers are not simply sad or experiencing sorrow; they are at risk for a host of poor health, social, and economic outcomes that affect their lives for decades, if not for a lifetime. Rigorous population-level studies examining the health behaviors and outcomes of millions of individuals find that bereaved parents, siblings, children, and spouses are all at risk of premature death as a result of their losses.

Bereaved Parents: Health, Social, and Economic Outcomes

Bereaved parents are more likely to suffer cardiac events, immune dysfunction, depressive symptoms, poorer well-being, less purpose in life, more health complications, marital disruption, psychiatric hospitalization, cancer incidence, dementia, and premature death.¹³⁻¹⁸ These health, social, and economic effects are long-lasting. One study found that two decades after the death of a child, bereaved parents still suffered from poorer physical and mental health than non-bereaved parents.

Studies also show that bereaved parents not only drink more alcohol,¹⁹ but they are more likely to die from aforementioned complications. 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.¹³

Bereaved Siblings: Health, Social, and Economic Outcomes

In addition to parents, bereaved siblings are also at higher risk of mortality when compared to non-bereaved siblings and also are more likely to face academic challenges or experience teen pregnancy, among an array of other poor outcomes.

Approximately 8 percent of Americans aged 25 and younger, around eight million Americans, have lost a sibling.²⁰ 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 for siblings close in age.²⁰

Bereaved siblings are also at risk of experiencing survivor's guilt, particularly in situations of an unexpected death or organ donation.²² Moreover, surviving siblings often receive greater overprotection from caregivers due to increased fear and anxiety that their surviving children might die, too. This may translate to problematic behavior among surviving siblings who are motivated to escape severe cases of overprotection from parents.²²

According to research, bereaved sisters are 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, and not attending college; they also experience, on average, a 20 percent reduction in future income.²⁰

Beyond Sadness: The Aftermath of Child Death

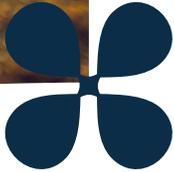


Bereavement: A Gateway to Other Public Emergencies

When a child dies, parents, caregivers, and siblings become at risk of other poor outcomes, many of which are public emergencies in their own right. For example, bereaved parents are not only at risk of heightened alcohol use, but they are at risk of dying from its overuse, while bereaved sisters are at risk of teen pregnancy.¹⁵ Namely, the death of a child or sibling becomes a turning point, redirecting the lives of newly bereaved parents, caregivers, and siblings downward.

Unlike other public emergencies, however, communities can build the infrastructure to enable immediate responses that can 'catch' families early in their grief experience, reducing the onset of poor health behaviors and outcomes. Community leaders can make all the difference when engaging with newly bereaved families and reducing the likelihood of poor future outcomes.

GETTING STARTED:
**How Communities Can
Make All the Difference**



Top Ten Frequently Asked Questions About Bereavement

When a child dies, bereaved parents, caregivers, and siblings are profoundly sensitive to every interaction. The words we use are critically important. Accordingly, to serve bereaved families well, communities should be made aware of the importance of word choice, common points of confusion, and common myths and beliefs.

Top Ten Frequently Asked Questions About Bereavement

Learning some basic terminology will help communities create a more unified and coordinated approach to supporting bereaved parents, families, and caregivers.

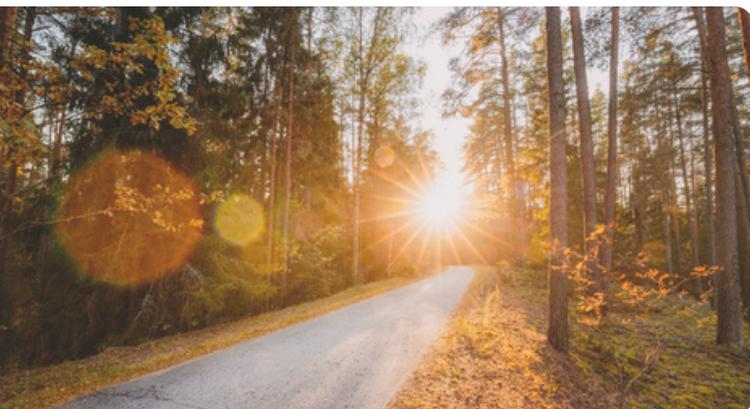
1. What is the difference between bereavement and grief?

Grief is the emotional response to loss, whereas bereavement is the event of losing someone significant to death. Grief is as unique as our fingerprints because the relationships we hold with the people we love are also unique. Bereavement, on the other hand, involves navigating systems that are dependent on the circumstances of death. Often, there are commonalities for those navigating these systems. For example, when a child dies by homicide, their family engages with law enforcement, whereas in the case of a stillbirth death, the family engages with hospital systems.



Spotlight: Terms In Action

Rosemerry will always be a **bereaved** parent, but she will not always actively **grieve**.



2. Is there a right way to grieve?

No, there is no right or wrong way to feel when grieving. Everyone grieves differently and it is dependent on many different factors, including the relationship with the person who died, the cause of death, previous experiences with grief and trauma, temperament, age, developmental level, and the presence or absence of support.

Top Ten Frequently Asked Questions About Bereavement



3. Does time “heal” all wounds? How long does it take bereaved parents to “heal”?

There is no specific time frame for a bereaved person to “heal;” in fact, people do not “heal,” they cope and adapt to loss. While an individual or family will cope and adapt differently and on different time frames, the loss of a child is a foundational life event that one does not “move on” from after a specific amount of time. The process of functionally adapting and processing a child’s death takes years, decades, or even a lifetime.¹⁵

4. What’s wrong with using the terms “resilient” and “heal”?

Using the word resilient among bereaved people can be harmful. The term can unintentionally add a layer of responsibility to the family that they must strive to be resilient. Grieving the death of a child or sibling is neither a time when one must be strong nor resilient; grieving the death of a child is a time when families must be encouraged to experience their feelings fully, without expectation.

Likewise, “healing” implies returning to a previous, unharmed state and suggests death is a wound that can be healed. As we look at how individuals and families process grief, the key is adapting to the loss; not healing. Grief fundamentally changes a person; their loss becomes woven into the fabric of their life story. This perspective differs significantly from viewing grief as something that has a “finish line,” as the word healing or healed implies.

Top Ten Frequently Asked Questions About Bereavement

5. What is the difference between bereavement and trauma?

The terms “bereavement” and “trauma” are frequently—and incorrectly—used interchangeably. As noted above, bereavement is understood as the event of losing someone significant to death. Trauma is an emotional response to a distressing event. What determines whether an event is traumatic is not the nature of the event itself, but rather an individual's response to the event. That is, what may be considered traumatic for one person may not be considered traumatic for another. While many deaths do occur under traumatic circumstances (e.g., accident, homicide, suicide, or overdose), many deaths do not, and thus cannot, be accurately labeled as inherently “traumatic.”

6. What is traumatic grief?

Traumatic grief is a loss experience that evokes intense fear or feelings of helplessness. It often includes trauma symptoms such as intrusive thoughts or images, hypervigilance, and disruption in eating and sleeping patterns. The death of a child almost always invokes a traumatic grief response.

7. Is professional help necessary after losing a child?

Not every individual or family requires therapy after a death occurs—even a death as tragic as that of a child. Many people need only to lean on their support network of friends, family, and community to help them navigate the painful and often disorienting experience of grief.

8. Should children attend funerals or memorial services?

Depending on the age of the child, children should be offered a choice: to attend the funeral or not attend the funeral. When in doubt, children should attend funerals and/or memorial services, but it is important to prepare the child, in detail, for what they are going to see and hear during such an experience. Details to include might be whether or not the casket will be open, and, if so, what they will see in the casket (i.e., a body with eyes closed), and an acknowledgement that people may be crying and upset. Of note, adults should normalize crying when one is sad. For young children, someone should be designated to remove the child if they become restless or overwhelmed. This designee should be an adult they trust, and this arrangement should be discussed with the child ahead of the service.

Top Ten Frequently Asked Questions About Bereavement

9. Is there any federal guidance for employers regarding bereavement leave standards for grieving parents?

Currently, there are no federal laws or regulations that mandate employers to offer employees bereavement leave, although a handful of states and localities have passed laws and ordinances to allow leave, particularly following the death of a child. While the Fair Labor Standards Act (FLSA) provides governance in many other regards, it does not cover bereavement leave. Therefore, bereavement leave is at the discretion of employers. It is recommended that all bereaved individuals inquire with their employers to establish under what circumstances they can elect to use bereavement leave.

10. How should bereaved parents support their surviving children while grieving?

While all individuals are unique, generally, children and teens need both structure and routine while grieving. It is important to return to some semblance of normalcy soon after the death and/or services. Younger children will likely need reassurance that everyone is safe as well as an understanding that regressive behaviors, while not uncommon, are temporary (e.g., bed wetting, wanting to co-sleep with parents or caregivers, and reverting to baby talk). The best way to navigate such occurrences is with support and reassurance. Teens commonly seek support from their peers; therefore, it is important to allow them time with close friends. It is also important to engage teens in conversations about personal safety and responsibility, including substance use as a means of escape, while establishing an environment where they feel safe openly sharing when they feel overwhelmed or unable to cope.



Common Myths and Other Beliefs

MYTH: There are five stages of grief.

There are no stages of grief. Grieving people commonly experience emotions, such as denial, anger, bargaining, depression, and acceptance. Bereaved people adapt and cope in unpredictable and non-linear ways.

MYTH: When a child dies, parents divorce.

There is no definitive evidence that experiencing the death of a child leads to divorce.¹⁰

MYTH: Talking about the deceased child will inflict more pain.

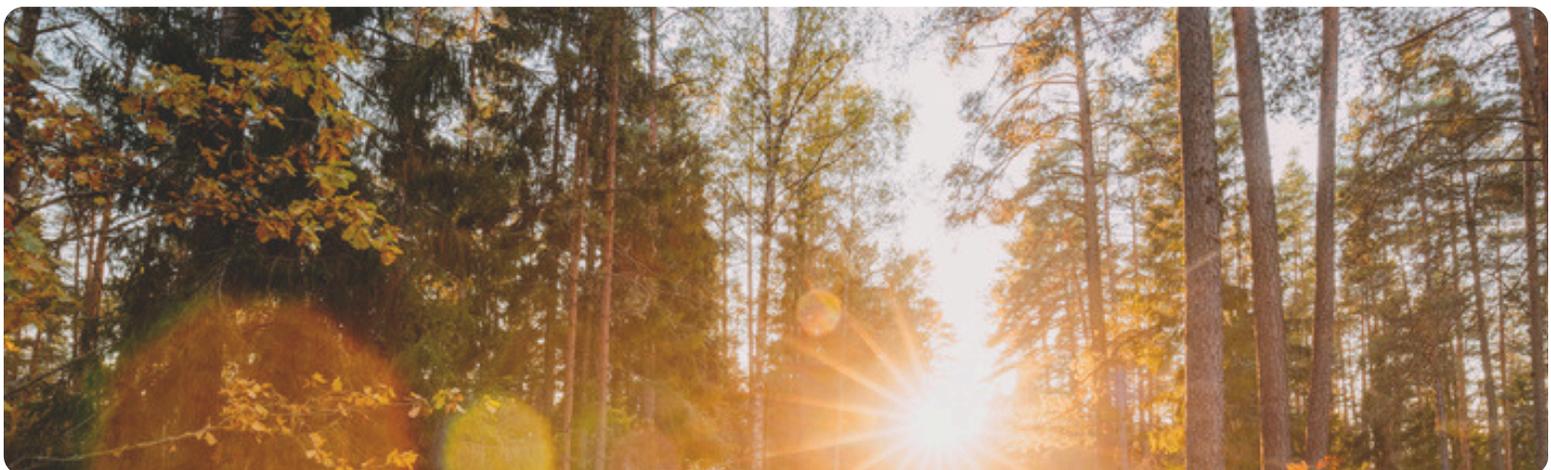
While everyone experiences grief in their own way, for most, talking about their child is a way of preserving their memory and reassuring a family that they and their child are not forgotten. Most bereaved parents and caregivers welcome an opportunity to share the memories and life of their child.

MYTH: Kids are resilient.

While a child's social network and community can provide important protective factors to help them cope after a death, data shows that children can also be particularly vulnerable to many negative outcomes in the aftermath of a death. A child's grief can be a significant developmental experience, requiring much support to help them cope and adapt to loss.

MYTH: The goal of grief is to "get over it."

Contrary to popular belief, grief doesn't have an endpoint or a goal of total resolution. Rather, bereaved parents, caregivers, and siblings adapt and integrate their loss into their lives over time. Ultimately, grieving involves finding ways to live with the reality of loss, not seeking to eliminate difficult or painful feelings.



Other Considerations

Grief Impacts Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.¹¹

Grief Negatively Impacts Short-Term Memory

Parents, caregivers, siblings, and other family members may be unable to access information as basic as their child's date of birth or middle name in the immediate aftermath of a child's death. They also may not be able to provide a linear account of the events leading up to the child's death.¹¹

Projecting Our Own Views Onto Others

It is important to remember that everyone's experience with grief is unique, and your personal views on death may not align with those who are bereaved. It's best to listen and not project your own beliefs or views onto others, especially during a sensitive and vulnerable time.

Death and Religious Expressions

Some bereaved parents find comfort and solace in religious doctrines or scriptures, but many do not. Indeed, the death of a child can shake foundational beliefs or facilitate a parent rethinking their philosophy on life. Sharing your religious beliefs or ways of coping may not be welcome and may even be hurtful. It is important to listen to the bereaved family and take cues from how they are coping.

Strength and Resilience

When a child dies, it is important for us—the community—to be present and support the bereaved family. Encouraging someone to “stay strong” or “be resilient” may make them feel as if they cannot express their true feelings or can't have a hard day. It can also overlook their need for additional support to help cope with their loss.

You Know What It's Like

While many have experienced death and bereavement, each person's experience is unique. It is important to avoid assuming that any of us know what someone else's bereavement experience is—even when we have suffered a similar loss.

Practical Tips for Community Leaders



How Childcare, Daycare, and Afterschool Providers Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for childcare, daycare, and afterschool providers when connecting with newly bereaved families.



Childcare, Daycare, and Afterschool Providers Can Make All the Difference

Childcare, daycare, and afterschool providers are trusted caregivers who play a significant role in the lives of children and their families. In addition to managing the emotions and associated behaviors of classmates and other children impacted by a child's death, they must manage their own grief and, often, that of their colleagues. This is a heavy burden for anyone. Grace and patience with the children, your colleagues, and—most of all—yourself will be critical in the days, weeks, and months following the death of a child.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents or caregivers may present as confused or disorganized by not being able to access information as basic as their child's date of birth or middle name.

Practical Tips

Newly bereaved families may interact with childcare providers who cared for the deceased child and may or may not still provide care for bereaved siblings.

For providers still offering childcare for bereaved families, here are a few tips:

- 1. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved families of their child; they are thinking about them constantly.
- 2. Assure families of their child(ren)'s safety.** Whenever calling the family, start every conversation with, "Hi, it's your childcare provider, and your child is safe." Then, transition to the subject of the conversation.
- 3. Use clear, age-appropriate language.** The concept of death evolves for children as they age. It's important to follow expert guidance on how to talk about death. For example, if you say that the deceased child is "sleeping," the bereaved sibling may be afraid to sleep.
- 4. Reassure children that they are not responsible.** Even from a young age, it is common for siblings to feel they did something to cause their sibling's death. Reminding them repeatedly that they aren't to blame can help them understand it's not their fault and keep them from carrying guilt inside.

- 5. Use sensitivity when managing the child's belongings.** One of the most difficult and painful decisions faced by schools and childcare providers is what to do with the child's belongings. Asking families what belongings they would like is a first step.
- 6. Exercise compassion regarding billing.** As an agency, determine whether and how you will bill the family for the care provided to the child prior to their death and communicate that information prior to sending the bill. Experiencing death is expensive, and it can cause financial hardship.

For providers that offered care to the deceased child, here are a few tips:

- 1. Send condolence cards.** Immediately upon the death, the childcare facility should send a condolence card to the family.
- 2. Release from contract.** Releasing the family from childcare contracts and reimbursing them at a prorated amount for unused care days is thoughtful and considerate.
- 3. Important school dates.** As the school year continues, inviting the family to key school events may be appropriate. Give them the choice to attend and ask if acknowledging their child in ceremonies or activities feels right for them. It may be too painful for some, whereas others may welcome the opportunity for their child to be remembered.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, "How many children do you have?" There is no right answer, but be prepared for them to include all their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, "How are you doing?" can be reframed as, "How are you coping?" to acknowledge how challenging losing a child is. It may be helpful to ask, "Could I bring you dinner this week?" or simply say, "I have been thinking of you."
- **Don't ask how the child died.** What's important is that the child died, not how they died. Asking how they died may lead families to relive the most painful experience of their life.
- **All deaths are not created equal.** Resist the urge to share your experience with death. If you have experienced the death of a child, you may offer a time to visit with them privately, but be sensitive to the possible impact on the family and on you when sharing your experience.
- **Grief will last a long time.** Bereaved families will not be "feeling better" in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.
- **It's their story, not yours.** Being a safe place for bereaved families to share their memories, feelings, and hardships will lend support during tender times.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Sesame Workshop** offers free grief and bereavement resources for those caring for young children. Learn more at sesameworkshop.org/topics/grief/.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

How Clergy, Ordained Leaders, Chaplains, and Faith Leaders Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for clergy, ordained leaders, chaplains, and faith leaders when connecting with newly bereaved families.



Clergy, Ordained Leaders, Chaplains, and Faith Leaders Can Make All The Difference

Newly bereaved families may interact with faith leaders: 1) who attend to the family at the time of a child's diagnosis, 2) who attend to the family immediately following the death of a child, or 3) who lead congregations where families or caregivers may seek support. Regardless of when faith leaders are called upon to serve, your sensitivity and guidance in these uncertain moments can have a profound impact on how bereaved parents, caregivers, and siblings cope in the short- and long-term.

Practical Tips

- 1. Avoid platitudes.** Refrain from using expressions such as "God only gives you what you can handle" or "Your child is safely in God's arms now." These platitudes imply that the child's death was given to parents or caregivers because they could weather this profound loss.
- 2. Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family.
- 3. Memorialize the child.** When presiding over the funeral or memorial ceremony, you must spend time with the family to get to know the child. Understand what parents and caregivers most want others to know about their child—whether stories, their values, or their dreams.
- 4. Encourage storytelling.** From the beginning, storytelling begins to build the child's legacy and creates the public narrative and perceptions of the child.
- 5. Refrain from "teaching."** If the child died by suicide or in the commission of a crime, refrain from teaching the church's doctrine on suicide or morality. This is a time to honor and celebrate the child's life.
- 6. Listen without judgment.** Offering a safe space to talk (or not talk) honestly can be a tremendous relief for newly bereaved people. As parents, caregivers, or families seek answers as to why their child died, they may ask questions for which we do not know the answers, and that's okay.
- 7. Be open to spiritual uncertainty.** It is common for bereaved parents and caregivers - even the most devout - to question and re-evaluate their spiritual and religious beliefs. While bereaved parents and caregivers know their child's death is permanent, most seek ways to continue their connection to their child; this is normal and expected.
- 8. Foster community support.** Whether in the community or within a congregation, faith leaders are trusted authorities in lending support to families. This may include providing meals or organizing meal trains, helping with chores, hosting remembrance events, or expressing care during important holidays or events.

9. **Preserve legacy.** Check in with the family regarding special dates or meaningful practices to help integrate their child's life into new traditions and rituals. This can include programs or practices at a faith institution or within the family itself. Preserving the child's legacy enables them to continue to be an active part of their lives.
10. **Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for six to nine months following a death, but adult family members may benefit from short-term (1-3) sessions soon after the incident

Importance of Self-Care



Professionals practicing in traumatic settings often experience a higher level of stress than many other professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, "How many children do you have?" There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, "How are you doing?" can be reframed as, "How are you coping?" to acknowledge how challenging losing a child is. It may be helpful to ask, "Could I bring you dinner this week?" or simply say, "I have been thinking of you."
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don't ask how the child died.** What's important is that the child died, not how they died. Asking how they died may lead parents and caregivers to relive the most painful experience of their life.
- **Grief will last a long time.** Bereaved parents and caregivers will not be "feeling better" in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.
- **It's their story, not yours.** Being a safe place for bereaved family members to share their memories, feelings, and hardships will lend support during tender times. Always seek permission when sharing the child's and family's story.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

How Death Scene Investigators, Coroners, and Medical Examiners Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for death scene investigators, coroners, and medical examiners when connecting with newly bereaved families.



Death Scene Investigators Can Make All the Difference

Death scene investigators are among the first professionals to come face-to-face with families after a child's death. Your interactions will have a powerful and lasting impact on families. Whether this investigation is your fifth or 500th, it is important to remember it may be the family's first, and you have a unique opportunity—and responsibility—to manage the interaction with compassion and respect.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.

Grief negatively impacts short-term memory: Parents, siblings, caregivers, and other family members may not be able to access information as basic as their child's date of birth or middle name. They also may not be able to provide a linear account of the events leading up to the child's death.



Written Guidance

Providing written information is critical to help newly bereaved people who may not be able to accurately recall or recount details after the fact.



Repeat Information

Repeating yourself at least 2-3 times will help newly bereaved people remember facts.



Sleep Cycle

Allowing the brain to rest for a 24-hour period (or at least one sleep cycle) will help reduce, not solve, neurological distress.

Practical Tips

- 1. Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family. While in the family's home, always avoid clinical terms such as "decedent."
- 2. Understand that every interaction is a hallmark memory.** Be mindful that every interaction with death investigators has the potential to create lasting memories, both loving and painful, and has the potential to support both short- and long-term coping.

3. **Approach investigations with compassion and seek to reduce harm.** Help families learn what to expect from a death investigation and answer questions as thoroughly and honestly as possible. Respectful and compassionate care must be taken when death investigations require scene reenactment.
4. **Allow people to say goodbye.** Provide the family with an opportunity to spend time with their child's body and say goodbye in a way that does not compromise the death scene. Also, gently remind family members they will have another opportunity to see their child's body at the funeral home, which may ease some of the concern that this will be the last time they can see their child.
5. **Care for the child's body.** Thoroughly explain what steps are being taken to care for the child's body and explain when they may see their child again.
6. **Provide clear and concise information about the autopsy process.** Explaining that "an autopsy is a medical examination in which a physician examines your child's body to determine the cause of death and notes any injuries found" provides necessary and factual information. Additional information may be necessary. Share contact information for the individual(s) the family can contact to check on the status of the autopsy.
7. **Help the family understand what is expected of them.** Provide the family with information - preferably written - about next steps, such as working with a funeral home, to help them recall critical information after you have left.
8. **Recognize that culture matters.** Whenever possible, adhere to familial and cultural traditions related to the timing of burial or cremation. Death and religious rituals are extremely important in the context of grief, including the aftercare of the body.
9. **Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for 6-9 months following a death, but adult family members may benefit from short-term (1-3) sessions.
10. **Use intention when releasing the autopsy report.** Notifying families when an autopsy report is available provides them with an opportunity to engage on their own terms and timeline.
11. **Peripheral conversations.** Avoid collegial side conversations—such as lunch plans, weekend plans, or how the team played—when overheard, this devalues the life of the child who has died.

Importance of Self-Care



Death investigators often experience a higher level of stress than other professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Restorative time away from the job is important. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **The Collaborating Office for Medical Examiners and Coroners (COMEC)** supports the work of professionals who conduct medicolegal death investigations. For more information, visit <https://www.cdc.gov/comec/index.html>.
- **The National Association of Medical Examiners (NAME)** is the national professional organization of physician medical examiners, medicolegal death investigators and death investigation system administrators. For more information and resources, visit <https://www.thename.org/>.
- **The National Center for Fatality Review and Prevention (NCFRP)** is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs throughout the United States. For more information, visit <http://ncfrp.org/>.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

How Domestic Violence and Homeless Shelter Staff Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for domestic violence and homeless shelter staff when connecting with newly bereaved families.



Domestic Violence and Homeless Shelter Staff Can Make All the Difference

Regardless of how or when an individual or family enters the shelter care system, their physical and emotional well-being are fragile. When a child has died, shelter staff are a vital resource in supporting children and adults navigating grief and bereavement. Your interactions will have a powerful and lasting impact on families. It is important to remember that losing a child is a profound experience, and you have a unique opportunity—and responsibility—to manage the interaction with compassion and respect. Be on the lookout for family members' preferences or unmet needs as a way to better support or care for them.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents or caregivers may present as confused or disorganized by not being able to access information as basic as their child's date of birth or middle name.

Practical Tips

- 1. Say the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family.
- 2. Treat potential changes in eligibility status with compassion.** If the child's death changes the family's eligibility to reside at the shelter, communicate this clearly but not immediately. Advocate for a compassionate timeframe that allows the family to find and make alternative living arrangements, then assist them with the transition.
- 3. Support family dynamics.** *Only* if you are able to ensure physical and emotional safety, help identify potential family conflicts present before or after the death of the child.
- 4. Acknowledge the loss and listen.** Often siblings, regardless of the circumstances, feel personally responsible for the death. It is important to listen and help redirect siblings away from feelings of guilt and blame.
- 5. Monitor for increased substance use.** Increases in substance and alcohol misuse following a child's death are common. Identifying concerning trends is important. Finding ways to facilitate a reduction in use, or none at all, can help stem poor health outcomes.
- 6. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process. Refrain from using expressions such as "God only gives you what you can handle" or "Your child is safely in God's arms now." These platitudes imply that the child's death was given to parents or caregivers because they could weather this profound loss.

7. **Be a listener.** Giving people the space to talk (or not talk) can be a tremendous relief. No one is looking for you to “solve” their crisis or say magical words that will make them feel better. There are no magical words. Respect their story and listen with unconditional positive regard. Create a safe space for parents, caregivers, and families to express their feelings without judgment and to tell and retell their story.
8. **Serve as an advocate.** If necessary and appropriate, advocate for the family’s needs with healthcare providers, schools, or other relevant organizations, including your own.
9. **Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for six to nine months following a death, but adult family members may benefit from short-term (1-3) sessions soon after the incident.
10. **Provide written materials about grief and bereavement.** Providing basic information about grief and bereavement is important so that families understand what is “normal” and what to expect.



Importance of Self-Care

Taking care of yourself is fundamental to serving yourself and your community as you cope with stress, death, and trauma. Give yourself permission to care for your own needs during difficult times.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, “How many children do you have?” There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, “How are you doing?” can be reframed as, “How are you coping?” to acknowledge how challenging losing a child is. It may be helpful to ask, “Could I bring you dinner this week?” or simply say, “I have been thinking of you.”
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don’t ask how the child died.** What’s important is that the child died, not how they died. Asking how they died may lead parents and caregivers to relive the most painful experience of their life.
- **All deaths are not created equal.** Resist the urge to share your experience with death. If you are a bereaved parent or caregiver, you may offer a time to visit with them privately.
- **Grief will last a long time.** Bereaved parents and caregivers will not be “feeling better” in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for emergency department doctors, nurses, social workers, and staff when connecting with newly bereaved families.



Emergency Department Providers and Staff Can Make All the Difference

Emergency department providers and staff are among the first professionals to come face-to-face with parents and caregivers after a child's death. Your interactions will have a powerful and lasting impact on families. Whether this is your fifth or 500th fatality, it is important to remember it may be the family's first, and you have a unique opportunity—and responsibility—to manage the interaction with compassion and respect.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.

Grief negatively impacts short-term memory: Parents, siblings, caregivers, and other family members may not be able to access information as basic as their child's date of birth or middle name. They also may not be able to provide a linear account of the events leading up to the child's death.



Written Guidance

Providing written information is critical to help newly bereaved people who may not be able to accurately recall or recount details after the fact.



Repeat Information

Repeating yourself at least 2-3 times will help newly bereaved people remember facts.



Cultural and Religious Practices

Honoring cultural and religious practices is paramount, as it respects family values and mourning rituals, reduces trauma, and builds trust.

Practical Tips

- 1. Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family. When with the family, *always* avoid clinical terms such as "decedent."
- 2. Institute straightforward hospital policies.** Emergency department providers are faced with complicated decision-making, such as whether to allow a family to hold or touch a child who died suddenly before a police investigation determines the cause of death. To help emergency department providers and staff, hospitals can adopt policies and practices that provide guidelines for patient and family care, as well as bereavement and mortuary protocol.

3. **Present the death notification with care.** Find a quiet and private space to meet with the family, sit down, and ask the family to also sit down (this is to avoid someone falling should they faint or become weak). Young children should not be present. Using clear words to describe a disease or cause of death can lead to a better understanding of what led to their loved one's death and what was (or was not) within their control. Answer all questions honestly.
4. **Use caution when discussing organ donation.** The request for organ donation should only be made by an individual trained in engaging in this extremely difficult and painful conversation.
5. **Understand that every interaction is a hallmark memory.** Be mindful that every interaction with emergency department providers and staff has the potential to create lasting memories, both loving and painful, and has the potential to support both short- and long-term coping.
6. **Pay attention to the health status of the bereaved.** Listening and acknowledging the difficult decisions parents and caregivers face in the aftermath will help you determine what they need. Newly bereaved parents and caregivers are at increased risk of cardiac events and other health conditions.
7. **Allow families to make decisions.** Allowing parents and caregivers to make decisions is important and provides them with a sense of control and predictability. Key decisions may include how long the family may remain with the body before it is removed, whether photographs or videos are permitted, and whether they are permitted to remove a lock of their child's hair.
8. **Care for the child's body.** Thoroughly explain what steps will be taken to care for the child's body and explain when they may see their child again.
9. **Preserve soiled clothes and other belongings.** Packaging and giving families soiled clothes and other belongings should be done with great care, especially if blood or remnants of the death are present.
10. **Allow people to say goodbye.** Provide the family with an opportunity to spend time with their child's body and say goodbye in a way that does not compromise the death scene. Also, gently remind them they will have an opportunity to see their child's body at the funeral home, which may ease some of the concern that this will be the last time they can see their child.
11. **Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for six to nine months following a death, but adult family members may benefit from short-term (1-3) sessions soon after the incident.



Importance of Self-Care

Individuals who work in emergency department settings often experience a higher level of stress than most professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Restorative time away from the job is important. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Federal Bureau of Investigation** offers Compassionate Trauma and Death Notification Training. For more information, visit fbi.gov/traumanotification.
- **The National Center for Fatality Review and Prevention (NCFRP)** is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs throughout the United States. For more information, visit ncfrp.org.
- **National Prehospital Pediatric Readiness Toolkit.** Provided by the Emergency Medical Services for Children's Innovation and Improvement Center. Bereavement Support Resources for Families and Professionals. <https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/pprp-toolkit/fcc/general/bereavement-support/>
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

How Employers, Supervisors, and Human Resource Staff Can Support Newly Bereaved People

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for employers, supervisors, and human resource (HR) staff when connecting with newly bereaved families.



Employers Can Make All the Difference

Bereavement can have broad and long-lasting effects on an employee's health and well-being. Most employees who need time away from work to grieve and cope after the death of a child have no legal right to take leave. Employers can support employees by providing them time to grieve their loss, handle administrative affairs, and adjust to a new set of needs and responsibilities. Many employers voluntarily offer a few days of bereavement leave to arrange and attend a funeral or address personal affairs, but for bereaved parents and caregivers, adjusting to the death of a child takes much longer—often years.

Practical Tips

- 1. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved parents and caregivers of their child; they are thinking about them constantly. Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment).
- 2. Offer a clear bereavement policy.** Bereavement policies can be structured in a variety of ways depending on the size and values of an organization. The employee handbook should have a bereavement policy that clearly defines the length of leave, the parameters on when leave must be taken, the types of relationships that fall under that leave (e.g., close friends or pets), what documentation is required, and whether wages will be replaced.
- 3. Commemorate the child's life.** With the consent of the newly bereaved family, finding ways to commemorate the child's life may be welcomed. This could include planting a tree, supporting a school garden, or establishing a scholarship. Tailor commemorations to honor the child who has died.
- 4. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process.
- 5. Educate all individuals who are in a supervisory or HR role.** Immediate supervisors often have the most contact with a newly bereaved employee and the greatest visibility into employee performance. Supervisors and HR staff should receive basic training on the impact of grief on employee performance and morale. Temporarily adjusting productivity expectations and the frequency of check-ins can provide relief for bereaved employees.

6. **Plan for their return to work.** If allowable, discuss the employee's return with them prior to their expected return date and ask how they would like their colleagues to acknowledge (or not) their loss. You can also offer the newly bereaved family the opportunity to provide a written letter to colleagues sharing their story and how they would like to interact with their peers. This allows the family to set the narrative and guide engagements with fellow staff members. Consider reaching out to your Employee Assistance Program for assistance with employee returns and providing sensitivity training for colleagues and supervisors.
7. **Consider new work arrangements.** Even if only temporarily, provide flexibility whenever possible, including options for remote or hybrid work or shifting to a part-time or condensed schedule. Understand that transitioning fully back to work may take significant time, and newly bereaved employees may require additional time off for mental health or unexpected family needs that arise after the death of a child.
8. **Provide a list of resources.** Supervisors or human resources staff should reach out to employees to ensure they are connected to and aware of how their employee benefits can support them after the death of a child. Many employee benefit plans include access to therapists, social workers, and financial resources that may be helpful to families, bereaved parents, and caregivers.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **Comprehension may be impaired.** Grief, particularly traumatic grief such as the death of a child, significantly affects the ability for the brain to function normally. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.
- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, "How many children do you have?" There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, "How are you doing?" can be reframed as, "How are you coping?" to acknowledge the challenge of losing a child. It may be helpful to ask, "Could I bring you dinner this week?" or simply say, "I have been thinking of you."
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don't ask how the child died.** What's important is that the child died, not how they died. Asking how they died may lead parents and caregivers to relive the most painful experience of their life.
- **All deaths are not created equal.** Resist the urge to share your experience with death. If you are a bereaved parent, you may offer a time to visit with them privately, but be sensitive to the possible impact on the family and on you when sharing your experience.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Society for Human Resource Management (SHRM)** provides tools and resources for employers, visit shrm.org to learn more.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for firefighters, law enforcement, emergency medical technicians, paramedics, and other first responders when connecting with newly bereaved families.



First Responders Can Make All the Difference

Responding to the scene of a child fatality takes great skill, situational awareness, and compassion. Often, first responders and law enforcement must work together to secure the premises, provide care, and transport victims to hospitals while maintaining the integrity of a possible crime scene. First responders are among the first professionals to come face-to-face with families after a child's death. Your interactions will have a powerful and lasting impact on families. Whether this is your fifth or 500th fatality, it is important to remember that it may be the family's first, and you have a unique opportunity—and responsibility—to manage the interaction with compassion and respect.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.

Grief negatively impacts short-term memory: Parents, siblings, caregivers, and other family members may not be able to access information as basic as their child's date of birth or middle name. They also may not be able to provide a linear account of the events leading up to the child's death.



Written Guidance

Providing written information is critical to help newly bereaved people who may not be able to accurately recall or recount details after the fact.



Repeat Information

Repeating yourself at least 2-3 times will help newly bereaved people remember facts.



Cultural and Religious Practices

Honoring cultural and religious practices is paramount, as it respects family values and mourning rituals, reduces trauma, and builds trust.

Practical Tips

- 1. Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family. When with the family, *always* avoid clinical terms such as "decedent."
- 2. Understand relationships.** At the scene of a fatality, it is important to work with law enforcement to quickly determine who the child's legal next of kin is.

3. **Pay attention to the health status of the bereaved.** Listening and acknowledging the difficult decisions parents and caregivers face in the aftermath will help you determine what they need. Newly bereaved parents and caregivers are at increased risk of cardiac events and other health conditions.
4. **Present the death notification with care.** Find a quiet and private space to meet with the family, sit down, and ask the family to also sit down (this is to avoid someone falling should they faint or become weak). Young children should not be present. Using clear words to describe a disease or cause of death can lead to a better understanding of what led to their loved one's death and what was (or was not) within their control. Answer all questions honestly.
5. **Care for the child's body.** Thoroughly explain what steps will be taken to care for the child's body and explain when they may see their child again.
6. **Allow people to say goodbye.** Provide the family with an opportunity to spend time with their child's body and say goodbye in a way that does not compromise the death scene. Also, gently remind family members they will have another opportunity to see their child's body at the funeral home, which may ease some of the concern that this will be the last time they can see their child.
7. **Offer stability.** Make eye contact and, if appropriate, hold their hand or touch their shoulder to personally connect and convey your sincerity. If possible, identify a neighbor or friend who can help a loved one arrange transportation to a hospital or morgue.
8. **Suspend judgment.** First responders have the responsibility to maintain a chain of evidence custody while administering or ceasing care. Even when suspicion is appropriate or individual behaviors are inappropriate, demonstrate compassion. This is very likely the worst day of their life.
9. **Be honest.** Being direct and honest and setting appropriate expectations will build confidence and trust in your skills and intentions.
10. **Peripheral conversations.** Avoid collegial side conversations—such as lunch plans, weekend plans, or how the team played—when overheard, this devalues the life of the child who has died.



Importance of Self-Care

First responders often experience a higher level of stress than other professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
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- **National Prehospital Pediatric Readiness Toolkit.** Provided by the Emergency Medical Services for Children's Innovation and Improvement Center. Bereavement Support Resources for Families and Professionals. <https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/pprp-toolkit/fcc/general/bereavement-support/>.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for higher education faculty and staff when connecting with newly bereaved families.



Higher Education Professionals Can Make All the Difference

Higher education professionals and institutions may interact with grieving families, classmates, and friends, including students who were matriculating into your institution. Upwards of 30 percent of students enrolled in higher education report being within two years of losing a close friend or family member, yet less than 1 percent of higher education institutions have student-specific bereavement policies.^{1,2}

Empirical data show that grief and bereavement have profound effects on higher education students, including impacts in the physical, cognitive, emotional, spiritual, and interpersonal domains. When comparing bereaved students of higher education to their non-grieving peers, experiencing a loss is connected to lower overall GPAs during the semester of loss, poorer exam performance, decreased support, decreased sense of belonging, prolonged assignment completion timelines, increased isolation, and difficulty concentrating.

The sensitivity and care that higher education personnel provide when interacting with families can have a profound impact on how bereaved families and students cope in the short- and long-term.

Practical Tips

- 1. Institute straightforward institution-wide policies.** Higher education institutions are faced with complicated decision-making, such as whether to require proof of death or how to assist the student when absences or delayed coursework are inevitable. Adopting clear policies and practices can help set expectations and guidelines for students, faculty, and staff.
- 2. Encourage collaboration and coordination across departments.** Coordination and communication between academic advisors, deans' offices, the registrar, student life, and human resources can ease the administrative burdens for newly bereaved students and employees.
- 3. Convey compassion.** Listen, be kind, and patient.
- 4. Know the signs.** Grief often manifests as changes in sleep patterns, changes in appetite, loss of interest in hobbies, loss of motivation or focus, significant and sudden shifts in mood, and social isolation. These behaviors can negatively impact attendance and academic performance and may result in school withdrawal or expulsion. With permission from the student, inform all instructors and staff to be observant and reach out to the administration if they notice the student struggling academically or socially.
- 5. Recognize that grief impacts cognitive functions.** It is not uncommon for grieving students to struggle with retaining information and understanding complex concepts. Strategies such as allowing for extra time for test taking or open-book tests and quizzes may be helpful.

¹ Cousins, C., Servaty-Seib, H. L., & Lockman, J. (2017). College student adjustment and coping: Bereaved and nonbereaved students. *OMEGA: Journal of Death and Dying, 74*(4), 386-409. doi: 10.1177/0030222815598911.

² Servaty-Seib, H. L., & Liew, C. H. (2019). Advocating for bereavement leave policies for college students. *Journal of College Student Development, 60*(2), 240-244.

6. **Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process. Refrain from using expressions such as “God only gives you what you can handle” or “Your child is safely in God’s arms now.”
7. **Provide a list of resources.** Even in the absence of a student-specific bereavement policy, many institutions offer resources for crisis mitigation, mental health, and academic support for students impacted by the death of another student or sibling. Ensure the campus directory contains resources for counseling services, academic success, tutoring centers, and crisis hotlines.

When a student has died, here are a few tips for higher education institutions:

1. **Use sensitivity when managing the student’s belongings.** One of the most difficult and painful experiences for parents and caregivers is retrieving their child’s belongings. Asking parents or caregivers how and when they would like to receive those belongings is an important first step.
2. **Exercise compassion regarding billing.** Determine whether and how you will bill the family for the services and education. Consider releasing the family from prior and future billing.
3. **Discuss graduation and other important events.** Talk to the family about how to honor or recognize the student during school events, such as annual remembrance ceremonies and graduation.
4. **Consider sending written condolences to the family or caregivers.** Families appreciate support from the institutions that served their children.
5. **Cease all financial communication.** Remove the family and caregivers from all correspondence (calls, emails, and flyers) from the financial aid office, the registrar, the athletic department for current or prospective student athletes, and student life. If the institution establishes a scholarship or related commemoration program, ask the family if they would like to receive related communications.
6. **Host an annual remembrance service.** Honoring the losses students experience validates their relationships, grief, and the person who has died. Be flexible when offering a remembrance service so the bereaved family can engage as little or as much as they want in the event.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents and families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, “How many children do you have?” There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, “How are you doing?” can be reframed as, “How are you coping?” to acknowledge how challenging losing a child is.
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don’t ask how the child died.** What’s important is that the child died, not how they died. Asking how they died may lead parents or caregivers to relive the most painful experience of their life.
- **Grief will last a long time.** Bereaved parents and caregivers will not be “feeling better” in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. Evermore offers a toolkit for higher education institutions interested in establishing bereavement leave policies for students. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for doctors, nurses, and other hospital providers and staff when connecting with newly bereaved families.



Hospital Providers and Staff Can Make All the Difference

Hospital providers and staff are among the first professionals to come face-to-face with parents and caregivers after a child's death. Your interactions will have a powerful and lasting impact on families. Whether this is your fifth or 500th fatality, it is important to remember it may be the family's first, and you have a unique opportunity - and responsibility - to manage the interaction with compassion and respect.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired.

Grief negatively impacts short-term memory: Parents, siblings, caregivers, and other family members may not be able to access information as basic as their child's date of birth or middle name. They also may not be able to provide a linear account of the events leading up to the child's death.



Written Guidance

Providing written information is critical to help newly bereaved people who may not be able to accurately recall or recount details after the fact.



Repeat Information

Repeating yourself at least 2-3 times will help newly bereaved people remember facts.



Cultural and Religious Practices

Honoring cultural and religious practices is paramount, as it respects family values and mourning rituals, reduces trauma, and builds trust.

Practical Tips

1. **Use the child's name.** Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment). Using the child's name honors the child and their importance to the family.

- 2. Present the death notification with care.** Find a quiet and private space to meet with the family, sit down, and ask the family to also sit down (this is to avoid someone falling should they faint or become weak). Young children should not be present. Using clear words to describe a disease or cause of death can lead to a better understanding of what led to their loved one's death and what was (or was not) within their control. Answer all questions honestly.
- 3. Use caution when discussing organ donation.** The request for organ donation should only be made by an individual trained in engaging in this extremely difficult and painful conversation.
- 4. Pay attention to the health status of the bereaved.** Listening and acknowledging the difficult decisions parents and caregivers face in the aftermath will help you determine what they need. Newly bereaved parents and caregivers are at increased risk of cardiac events and other health conditions.
- 5. Allow families to make decisions.** Allowing parents and caregivers to make decisions is important and provides them with a sense of control and predictability. Key decisions may include how long the family may remain with the body before it is removed, whether photographs or videos are permitted, and whether they are permitted to remove a lock of their child's hair.
- 6. Care for the child's body.** Thoroughly explain what steps will be taken to care for the child's body and explain when they may see their child again.
- 7. Generate legacy and memories.** Providers can play an important role in memory-making. Help families create keepsakes such as photos, videos, or hand or footprints.
- 8. Refer to resources and support.** Provide a list of mental health professionals who have experience and expertise in grief and trauma (including providers who specialize in child and adolescent grief) and other resources families can utilize when they are ready. Most people are not ready for long-term mental health support for six to nine months following a death, but adult family members may benefit from short-term (1-3) sessions soon after the incident.

Importance of Self-Care



Hospital providers often experience a higher level of stress than most professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
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The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for primary care providers (PCP) and staff when connecting with newly bereaved families.



Primary Care Providers Can Make All the Difference

For bereaved parents, the death of a child is associated with a host of poor health outcomes, including cardiac events, immune dysfunction, depressive symptoms, poorer well-being, less purpose in life, more health complications, marital disruption, psychiatric hospitalization, dementia, alcohol use, and premature death from both natural and unnatural causes. These outcomes are not short-lived; one study found that, on average, bereaved parents experienced poor health outcomes for at least 18 years following the death of a child.

Bereaved siblings who experience the death of a brother or sister during adolescence are at heightened risk of premature death. For instance, 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 having an average reduction in income of 20 percent.

Primary care providers and their teams play a vital role in both the short- and long-term well-being of bereaved families. Universal screenings may identify depression and anxiety, but they fail to capture death as an underlying force or acceleration of poor health outcomes. PCP sensitivity and care in these uncertain times can have a profound impact on how bereaved parents, caregivers, and siblings cope in the short and long term.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents or caregivers may present as confused or disorganized by not being able to access information as basic as their child's date of birth or middle name.

Practical Tips

- 1. Screen for recent loss.** The death of a child places bereaved parents and siblings at risk for many poor health outcomes, including premature death. Although there are no formal screening measures for bereavement, consider asking about recent loss during family history collection or other regular, routine screenings such as depression or alcohol use. Consider asking new and existing patients to list close relationships (spouse/partner, parents, or caregivers, siblings, or others with whom they live), including age and whether living or deceased. If deceased, ask for an approximate date of death. Age of the deceased at time of death and cause may offer insights into the severity of the loss and prompt the provider to consider additional screenings or interventions that could prevent associated poor health outcomes.
- 2. Acknowledge the loss and listen.** It is important for bereaved parents and caregivers to be given the time they need to tell you the story of their child's death, should they choose to. Expressing condolences and listening to a family's experience is a vital part of collecting a relevant and complete social history. If this is your first time seeing your patient since their child died, recognize this is not a "usual" appointment and should not be treated as such.

- 3. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved parents or caregivers of their child; they are thinking about them constantly. Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment).
- 4. Convey and practice compassion.** Listen and be kind. Consider how your questions and responses may be received. For many parents and caregivers, engaging or re-engaging in the medical system can be a painful reminder of their child's death.
- 5. Adjust your pace.** Because grief impacts cognitive functioning, it is important to adjust the pace of your examination, particularly in the early aftermath. Try to keep questions basic and simple; do not ask multiple questions at the same time. Pace your questions and speak slowly.
- 6. Ask about their mood, substance use, and suicidal ideation.** A depressed and/or anxious mood is very common in bereaved parents and caregivers and is not cause for alarm. Addressing changes in mood, function, substance use, and any suicidal ideation are critical, but it is also important to note that wanting to be with their deceased child is not the same as wanting to die. The child may have died, but not their desire to parent.
- 7. Ask about other physical or health changes.** It is common for child death to impact weight, eating, or sleep patterns. Ask about these and other physical or medical symptoms that have resulted following the death.
- 8. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process.
- 9. Provide community resources.** Provide written community resources, including mental health providers that specialize in grief, peer support organizations or groups, or substance misuse providers or groups (such as AA or NA).

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **There are no stages of grief.** The stages of grief are a common misconception.
- **Grief will last a long time.** Bereaved parents and caregivers will not be "feeling better" in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text 988 to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **The American Academy of Pediatrics Policy Statement** offers information and resources for providers. Meaghann S. Weaver, Arwa Nasir, Blyth T. Lord, Amy Starin, Jennifer S. Linebarger, Committee on Psychosocial Aspects of Child and Family Health, Section on Hospice and Palliative Medicine; Supporting the Family After the Death of a Child or Adolescent. *Pediatrics* December 2023; 152 (6): e2023064426. 10.1542/peds.2023-064426.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

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Reporters and Media Can Make All the Difference

Giving a voice to grief is an enormous opportunity and responsibility. As such, it must be done with great care. Reporters and the media must convey facts about a significant event while also being sensitive toward the newly bereaved family.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents or caregivers may present as confused or disorganized by not being able to access information as basic as their child's date of birth or middle name.

Practical Tips

- 1. Acknowledge the loss and listen.** Saying you are sorry for a family's loss and just listening to their experience is important. While reporters often have an obligation to ask difficult questions about the events that led to the child's death, remember that this has most likely been the worst event of the family's life.
- 2. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved parents or caregivers of their child; they are thinking about them constantly. Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment).
- 3. Convey and practice compassion.** Listen, be kind, and patient.
- 4. Conduct interviews with sensitivity.** Consider how your questions and responses may be received. Be mindful of the space or area in which you are conducting the interview: while a crime scene may make for great ratings, it can be devastating for the family. Ensure that no small children are in the area of the interview, as the questions and responses may be extremely upsetting and dysregulating to children who may not fully understand what is happening.
- 5. Grief impacts cognitive functioning.** Things such as short-term memory and the ability to relay an event or tell a story in an accurate order are often impacted in the immediate and short-term aftermath of a traumatic grief event. As such, try to keep questions basic and simple by not asking multiple questions at the same time. Pace your questions and speak slowly.
- 6. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process.
- 7. Avoid sensationalizing death events.** Glamorizing or elevating death events can inspire others to act. Write wisely and cautiously, limiting copycat crimes or deaths.

8. **Refrain from using “committed suicide.”** Use language such as “died by” or “died of suicide.” “Committed suicide” refers to committing a religious crime or an act against God.
9. **Seek professional development and training.** If you are reporting on traumatic or violent events, take trainings specifically focused on how to report tragic events. See the *Resources* section below for more information.

Importance of Self-Care



Reporting on events tied to human suffering takes a toll on your physical and emotional well-being. Identify strategies that help you cope with and process the distress and traumas you report. This may include getting physical exercise, spending time with people you love, engaging in activities that bring you joy, getting enough sleep, minding your alcohol or drug consumption, and drinking enough water to avoid dehydration. Give yourself permission to care for your own needs.

Other Things to Keep in Mind

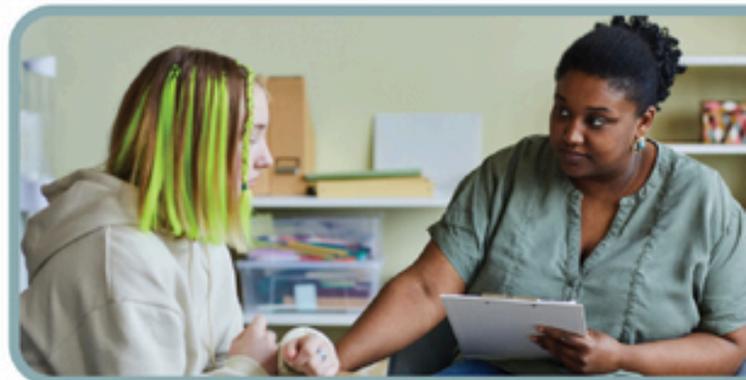
There are a variety of ways to offer compassion, dignity, and respect for bereaved parents and families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, “How many children do you have?” There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, “How are you doing?” can be reframed as, “How are you coping?” to acknowledge how challenging losing a child is. It may be helpful to ask, “Could I bring you dinner this week?” or simply say, “I have been thinking of you.”
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Grief will last a long time.** Bereaved parents and caregivers will not be “feeling better” in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.

Resources

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The death of a child is a life-altering event. Individuals who interact with bereaved parents, siblings, caregivers, and other family members in the aftermath of tragedy have a unique opportunity to provide meaningful support during this crucial time. This fact sheet provides tips for social workers and other social service providers when connecting with newly bereaved families.



Social Workers and Social Service Providers Can Make All the Difference

Whether through hospitals, family services, community groups, or schools, social workers and other social service providers play a vital role in supporting children and adults through the grief and bereavement process after the death of a child. Your impact on how bereaved parents, caregivers, and families cope immediately and over time can be profound. Be mindful of family members' preferences or unmet needs as a way to better support or care for them.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents or caregivers may present as confused or disorganized by not being able to access information as basic as their child's date of birth or middle name.

Practical Tips

- 1. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved parents and caregivers of their child; they are thinking about them constantly. Confirm with the family that you are saying the name correctly and ask if there is another name they would prefer you use (i.e., a nickname or other term of endearment).
- 2. Avoid religious platitudes.** Refrain from using expressions rooted in religious faith, such as "God only gives you what you can handle" or "Your child is safely in God's arms now." These platitudes imply that the child's death was given to parents or caregivers because they could weather the loss.
- 3. Listen actively.** Giving people the space to talk or not talk can be a tremendous relief. No one is looking for you to "solve" their crisis or say magical words that will make them feel better. There are no magical words. Respect their story and listen with unconditional positive regard. Create a safe space for parents, caregivers, and families to express their feelings without judgment and to tell and retell their story.
- 4. Address evolving family dynamics.** Help identify potential family conflicts that can arise from grief and facilitate communication between family members. Recognize the unique needs of siblings and provide support to help them understand and express their emotions.
- 5. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process.
- 6. Refrain from providing grief therapy, counseling, or coaching.** Only licensed grief therapists should provide short-term psychotherapy for stabilization and long-term care for functional coping and adaptive processing. Most people are not ready for long-term mental health support for six to nine months following a death.
- 7. Monitor for increased substance use.** Increases in substance and alcohol misuse following a child's death are common. Identifying concerning trends is important. Finding ways to facilitate a reduction in use, or none at all, can help stem poor health outcomes.

8. **Provide written materials about grief and bereavement.** Providing basic information about grief and bereavement is important so that families understand what is “normal” and what to expect.
9. **Serve as an advocate.** If necessary and appropriate, advocate for the family’s needs with healthcare providers, schools, or other relevant organizations.
10. **Provide community resources.** Offer practical assistance, such as helping with immediate needs for funeral arrangements or burial assistance, or coordinating with other service providers.

Importance of Self-Care



Social workers often experience a higher level of stress than many other professionals. Support may be required to cope with the continual exposure to stress, death, and trauma. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **Acknowledge sibling loss and listen.** Often siblings, regardless of the circumstances, feel personally responsible for the death. Listening and orienting siblings away from feelings of guilt and blame can be helpful. Silence implies their pain and loss are not valued and may unintentionally convey that you endorse that they are responsible for the death.
- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, “How many children do you have?” There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **Simple questions can be hurtful.** Common questions like, “How are you doing?” can be reframed as, “How are you coping?” to acknowledge how challenging losing a child is. It may be helpful to ask, “Could I bring you dinner this week?” or simply say, “I have been thinking of you.”
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don’t ask how the child died.** What’s important is that the child died, not how they died. Asking how they died may lead parents and caregivers to relive the most painful experience of their life.
- **All deaths are not created equal.** Resist the urge to share your experience with death. If you are a bereaved parent or caregiver, you may offer a time to visit with them privately.
- **Grief will last a long time.** Bereaved parents and caregivers will not be “feeling better” in a few weeks or even in a year.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text **988** to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Mental Health America** offers resources, education, and more at mhanational.org.
- **National Alliance on Mental Illness (NAMI)** offers a toll-free helpline at 1-800-950-NAMI (1-800-950-6264) and provides information and resources at nami.org.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

Schools and Educators Can Make All the Difference

Schools are touchpoints playing a significant role in the lives of children and their families. In addition to managing the emotions and associated behaviors of classmates and other children impacted by a child's death, you are faced with managing your own grief and that of your colleagues. This is a heavy burden for anyone. Grace and patience with the children, your colleagues, and—most of all—yourself will be critical in the days, weeks, and months following the death of a child.



Before the age of 25, an estimated 8 percent of children and young adults will experience the death of a sibling. While brothers tend to have lower test scores following the death of a sibling; sisters tend to have interlinked and longer lasting impacts, including a higher risk of dropping out of high school, not attending college, earning lower wages, enrolling in social welfare programs, and becoming pregnant as a teen. Declines in health and human capital (e.g., market earnings) persist across the lifespan.

Impact of Grief on Cognition and Understanding

Grief, particularly traumatic grief such as the death of a child or sibling, significantly affects brain functioning. Newly bereaved individuals are not just sad; their ability to understand, process, and comprehend information is impaired. Oftentimes, parents, caregivers, or siblings may present as confused or disorganized by not being able to access information, let alone perform well scholastically.

Practical Tips

- 1. Clear school policies.** Adopting clear bereavement policies and practices that set expectations and guidelines for students, faculty, and staff. Prepare and strengthen school policies now.
- 2. Assure parents and caregivers of their child(ren)'s safety.** Whenever calling the family, start every conversation with, "Hi, it's your child's school, and your child is safe." Then, transition to the subject of the conversation.
- 3. Say the child's name.** Using the child's name in conversation acknowledges the importance of their life. Don't worry about reminding bereaved parents and caregivers of their child; they are thinking about them constantly.
- 4. Use clear, age-appropriate language.** The concept of death evolves for children as they age. It's important to follow expert guidance on how to talk about death. For example, if you say that the deceased child is "sleeping," the bereaved sibling may be afraid to sleep.
- 5. Know the signs.** Grief often manifests as changes in sleep patterns, changes in appetite, loss of interest in hobbies, loss of motivation or focus, significant and sudden shifts in mood, and social isolation. These behaviors can negatively impact attendance and academic performance and may result in school withdrawal or expulsion. With permission from the student and/or parent/caregiver, inform all instructors and staff to be observant and reach out to administration if they notice the student struggling academically or socially.
- 6. Consider temporary accommodations.** Due to the potential impact of grief on cognition, students may struggle with retaining information and understanding complex concepts. Strategies to accommodate this temporary shift may be very helpful. For example, allowing for extra time for test-taking or allowing for open-book tests and quizzes.
- 7. Acknowledge the loss and listen.** Often siblings, regardless of the circumstances, feel personally responsible for the death. It is important to listen and help redirect students away from feelings of guilt and blame.
- 8. Honor cultural and religious traditions.** Always be responsive to how cultural and religious practices might influence the grieving and mourning process. Refrain from using expressions such as "God only gives you what you can handle" or "Your child is safely in God's arms now."

9. **Recognize that family dynamics change.** Vast changes in a family's social structure are underway. Siblings may feel that it "should have been them" who died, or they must be perfect for their parents or caregivers. Provide a safe place with trusted adults so they do not suffer in silence.

When a student has died, here are a few tips for schools:

1. **Use sensitivity when managing the student's belongings.** One of the most difficult and painful experiences for parents and caregivers is retrieving their child's belongings. Asking parents or caregivers how and when they would like to receive those belongings is an important first step.
2. **Discuss graduation and other important events.** Talk to the family about how to honor or recognize the student during school events, including graduation.
3. **Consider sending written condolences to the family or caregivers.** Families appreciate support from the institutions that served their children.
4. **Cease all institutional communication.** Remove the family and caregivers from all correspondence (calls, emails, and flyers) from the county and school unless other children are enrolled.



Importance of Self-Care

Teachers often experience a high level of stress. Simple steps such as taking a walk, getting enough sleep, drinking water, and spending time with the people you care about can be powerful preventative acts, as can reaching out to a professional to support your mental health. Taking care of yourself is fundamental to serving your community.

Other Things to Keep in Mind

There are a variety of ways to offer compassion, dignity, and respect for bereaved parents, caregivers, and families. Here are a few more tips:

- **How many children do you have?** One of the most difficult questions a newly bereaved parent or caregiver will be asked is, "How many children do you have?" There is no right answer, but be prepared for them to include all of their children, whether living or dead.
- **There are no stages of grief.** The stages of grief are a common misconception.
- **Don't ask how the child died.** What's important is that the child died, not how they died. Asking how they died may lead parents and caregivers to relive the most painful experience of their life.
- **Grief will last a long time.** Bereaved parents and caregivers will not be "feeling better" in a few weeks or even in a year. It takes many years to adjust to such profound loss; their lives are forever changed.
- **It's their story, not yours.** Being a safe place for bereaved family members to share their memories, feelings, and hardships will lend support during tender times.

Resources

- **988: Free Mental Health Hotline.** If you or someone you know is in crisis, call or text **988** to be connected to crisis intervention and suicide prevention resources. Learn more at 988lifeline.org/get-help/.
- **Sesame Workshop** offers free grief and bereavement resources for those caring for young children. Learn more at sesameworkshop.org/topics/grief.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers information on coping with bereavement and grief, visit samhsa.gov/communities/coping-bereavement-grief.
- **Evermore** is dedicated to improving the lives of bereaved people. For more information, visit evermore.org. To access a national free Grief Support Directory, visit evermore.org/grief-support-directory.

Moving Forward: Reimagining Tomorrow

The United States has a successful history of addressing challenging social and medical issues, similar to those discussed in this Guide. Examples include reducing child mortality through injury prevention measures, like the use of bicycle helmets and car restraints, improving survival rates for pediatric cancers, and nearly eliminating mother-to-child HIV transmission with effective antiretroviral treatments.

Given these advancements, we can reimagine a tomorrow in which families from every walk of life, religion, or socioeconomic status have access to innovative programs and tools that support functional coping and adaptive processing—and the professionals who serve them have the resources and knowledge to help. This Guide is our first step toward that tomorrow.



About the Authors

The Community Bereavement Guide and its supporting resources were developed through a collaboration between the National Center for Fatality Review and Prevention and Evermore. For more information on these organizations and their work, see below.



National Center for Fatality Review and Prevention

The National Center for Fatality Review and Prevention, which is funded by the Maternal Child Health Bureau (MCHB) of the Health Resources and Services Administrations (HRSA), United States Department of Health and Human Services, is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs and has long identified the need for bereavement support across the nation. The National Center offers a wide variety of services, including technical assistance to support CDR and FIMR teams, implementing and sustaining prevention-focused CDR processes, training for state and local teams, and strategic planning and program development for state and local teams. For more information, visit ncfrp.org.



Evermore

Evermore is dedicated to making the world a more livable place for all bereaved people. We are changing policies and practices within our communities and across the nation so that all bereaved people can achieve a healthy and prosperous future. To achieve this future, Evermore, a nonprofit, is accelerating lasting social change using data and science to drive policy and practice change for all bereaved people. For more than 10 years, Evermore has worked with Congress, The White House, federal agencies, and the American people to advance commonsense, human-centered policies, like securing paid bereavement leave for our U.S. Armed Forces. For more information, visit evermore.org.

References

1. Field, M. J., & Behrman, R. E. (2003). When children die: Improving palliative and end-of-life care for children and their families. *Institute of Medicine (US) Committee on Palliative and End-of-Life Care for Children and Their Families*. <https://pubmed.ncbi.nlm.nih.gov/25057608/>
2. Lichtenthal, W. G., Sweeney, C. R., Roberts, K. E., Corner, G. W., Donovan, L. A., Prigerson, H. G., & Wiener, L. (2015). Bereavement follow-up after the death of a child as a standard of care in pediatric oncology. *Pediatric Blood & Cancer*, 62(5), S834–S869. <https://doi.org/10.1002/pbc.25700>
3. Middleton, W., Raphael, B., Burnett, P., & Martinek, N. (1998). A longitudinal study comparing bereavement phenomena in recently bereaved spouses, adult children and parents. *Australian and New Zealand Journal of Psychiatry*, 32, 235–241. <https://doi.org/10.3109/00048679809062734>
4. Woolf, S. H., Wolf, E. R., & Rivara, F. P. (2023). The new crisis of increasing all-cause mortality in US children and adolescents. *JAMA*, 329(12), 975–976. <https://doi.org/10.1001/jama.2023.3517>
5. Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., Lepine, J. P., ... Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(2), 327–343. <https://doi.org/10.1017/S0033291715001981>
6. Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 117(30), 17695–17701. <https://doi.org/10.1073/pnas.2007476117>
7. Centers for Disease Control and Prevention, National Center for Health Statistics. (2024, December). National Vital Statistics System, mortality 2018-2023. *CDC WONDER Online Database*. Retrieved April 8, 2024 from <http://wonder.cdc.gov/ucd-icd10-expanded.html>
8. Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2024). Data brief no. 521: Mortality in the United States, 2023. *National Center for Health Statistics*. <https://www.cdc.gov/nchs/data/databriefs/db521.pdf>
9. Cerel, J., Brown, M. M., Maple, M., Singleton, M., Venne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*, 49(2), 529–534. <https://doi.org/10.1111/sltb.12450>
10. Finnäs, F., Rostila, M., & Saarela, J. (2017). Divorce and parity progression following the death of a child: A register-based study from Finland. *Population Studies*, 72(1), 41–51. <https://doi.org/10.1080/00324728.2017.1337918>
11. Shulman, L. (2018). *Before and after loss: A neurologist's perspective on loss, grief, and our brain*. Johns Hopkins Press.
12. Servaty-Seib, H. L., & Liew, C. H. (2019). Advocating for bereavement leave policies for college students. *Journal of College Student Development*, 60(2), 240–244. <https://doi.org/10.1353/csd.2019.0021>
13. Li, J., Precht, D. H., Mortensen, P. B., & Olsen, J. (2003). Mortality in parents after death of a child in Denmark: A nationwide follow-up study. *Lancet (London, England)*, 361(9355), 363–367. [https://doi.org/10.1016/S0140-6736\(03\)12387-2](https://doi.org/10.1016/S0140-6736(03)12387-2)
14. Spratt, M. L., & Denney, D. R. (1991). Immune variables, depression, and plasma cortisol over time in suddenly bereaved parents. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 3(3), 299–306. <https://doi.org/10.1176/jnp.3.3.299>

References

15. Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 22(2), 203–211. <https://doi.org/10.1037/0893-3200.22.2.203>
16. Li, J., Laursen, T. M., Precht, D. H., Olsen, J., & Mortensen, P. B. (2005). Hospitalization for mental illness among parents after the death of a child. *New England Journal of Medicine*, 352(12), 1190–1196. <https://doi.org/10.1056/nejmoa033160>
17. Li, J., Johansen, C., Hansen, D., & Olsen, J. (2002). Cancer incidence in parents who lost a child. *Cancer*, 95(10), 2237–2242. <https://doi.org/10.1002/cncr.10943>
18. Umberson, D., Donnelly, R., Xu, M., Farina, M., & Garcia, M. A. (2019). Death of a child prior to midlife, dementia risk, and racial disparities. *The Journals of Gerontology Series B*, 75(9), 1983–1995. <https://doi.org/10.1093/geronb/gbz154>
19. Christiansen, S. G., Reneflot, A., Stene-Larsen, K., & Hauge, L. J. (2020). Alcohol-related mortality following the loss of a child: A register-based follow-up study from Norway. *BMJ Open*, 10(6), e038826. <https://doi.org/10.1136/bmjopen-2020-038826>
20. Fletcher, J., Mailick, M., Song, J., & Wolfe, B. (2013). A sibling death in the family: Common and consequential. *Demography*, 50(3), 803–826. <https://doi.org/10.1007/s13524-012-0162-4>
21. Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals. *OMEGA*, 74(4), 455–473. <https://doi.org/10.1177/0030222817691870>
22. Weaver, M. S., Nasir, A., Lord, B. T., Starin, A., & Linebarger, J. S. (2023). Supporting the family after the death of a child or adolescent. *Committee on Psychosocial Aspects of Child and Family Health, Section on Hospice and Palliative Medicine. Pediatrics*, 152(6), e2023064426. <https://doi.org/10.1542/peds.2023-064426>
23. Gregory, E. C. W., Valenzuela, C. P., Hoyert, D. L., & Martin, J. A. (2025). change in the primary measure of perinatal mortality for vital statistics [PDF]. *National Vital Statistics Reports*, 74(5), 1–10. <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-05.pdf>
24. Centers for Disease Control and Prevention. (2025, May 9). *Data and statistics on stillbirth*. <https://www.cdc.gov/stillbirth/data-research/index.html>
25. Gregory, E. C. W., Valenzuela, C. P., & Hoyert, D. L. (2023). Fetal mortality: United States, 2021 [PDF]. *National Vital Statistics Reports*, 72(8), 1–21. <https://www.cdc.gov/nchs/products/index.htm>
26. Woods, R. (2008). Long-term trends in fetal mortality: Implications for developing countries. *Bulletin of the World Health Organization*, 86(6), 460–466. <https://doi.org/10.2471/blt.07.043471>





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