

Grief Education for Caregivers

When someone dies, children react differently than adults. Young children usually see death as temporary and reversible, a belief reinforced by cartoon characters who die and come to life again. Elementary children begin to think more like adults about death but can often believe it won't happen to someone they know. Teens reflect typical adult reactions. Experiencing grief firsthand is a different and often confusing process for children. As a caregiver, you can't protect a child from the pain of loss, but you can help them feel safe, encourage them to express their feelings, and build healthy coping skills that will serve them in the future. Grief looks differently across ages and across cultures. [Click HERE for more ideas and support.](#)



Below are the common reactions after death/loss and grief for ages 5-18:

Note: Many children adjust well after a death/loss. Some children have ongoing difficulties that interfere with daily life. If a child's response is severe, prolonged, and impacts their functioning, connect with support as your child could be experiencing Childhood Traumatic Grief.

Common Reactions: Ages 5-8

- Disrupted sleep, Nightmares
- Changes in eating habits
- Repetitive questions - How? Why?
- Concerns of abandonment and safety
- Short periods of strong reaction mixed with acting like nothing happened
- Needing help with tasks they've already learned (can't tie shoes, bedwetting)
- Behavior changes: high/low energy, kicking/hitting
- Stomachaches, headaches, body pain

Common Reactions: Ages 8-12

- Disrupted sleep, Nightmares
- Express big energy - "acting out"
- Worried something bad happening again
- Difficulty concentrating/focusing
- Using play and talk to recreate the event
- Detailed questions about death and dying
- Wide range of emotions: rage, revenge, sadness, relief, worry
- Hypervigilance to noise, light, movement, and change
- Withdrawal from social situations
- Stomach aches, headaches, body pain

Common Reactions: Ages 13-18

- Disrupted sleep, exhaustion
- Increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Lack of appetite/eating too much
- Unpredictable and intense emotions: anger, sadness, guilt, relief, anxiety
- Uncomfortable discussing death/their feelings with caregivers
- Worry about safety to self/others
- Fear about death or violence happening again
- Attempts to be caregivers to others
- Hypervigilance to noise, light, movement, and change
- May have thoughts of suicide or self-harm



How we can support youth:

1. Give Reassurance and Listen Non-judgmentally

- Children grieve differently. After a loss, a child may go from crying one minute to playing the next. The changeable moods do not mean they are not

sad or finished grieving. Children cope differently than adults and playing/distracting can be a defense mechanism. Encourage your child to express their feelings and emotions.

2. Be Direct, Clear, and Honest

- When discussing death, be direct and avoid statements like "went to sleep" or "is gone." Children are literal and can become fearful of similar things (bedtime, family member leaving the home for groceries). You don't need to volunteer too much information but try to answer their questions. It's okay if you can't answer everything; being available to your child is what matters. If your family has beliefs about afterlife, now is the time to share them.

3. Stick to Routines

- While it is important to grieve over the death of a loved one, it is also important for your child to understand that life goes on. Predictability allows children to focus on coping with their grief without having to focus other disruptions impacting their lives. Maintain routines and set clear expectations but be flexible when needed.

4. Don't Ignore your Own Grief and Get Support

- Children will often imitate the behavior of their caregivers. It is important to show your emotions as it reassures feelings sad or upset is okay. However, reacting explosively teaches your child unhealthy ways of dealing with grief. Get support when needed from loved ones, trusted community members, or healthcare providers when needed.