



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

Those who are bereaved by the death of a loved one, parent, child, sibling or other close person, experience grief over the days, weeks, months and sometimes, the years that follow. Deaths in disaster settings are likely to be particularly disturbing as they are usually sudden, unexpected, occur in tragic, traumatic circumstances and may affect the young, including children, adolescents and parents.

Bereavement affects children and adolescents in different ways, depending on their age, family context, and who has died. They may be affected by both the acute crisis of the death and immediate aftermath. Major changes may result in their lives because the person is no longer there, fulfilling significant roles as part of their lives.

For those children who lose a family member in a disaster there is also the horror of the experience, the long aftermath with all its consequences, and many other losses. While the majority are resilient, there is evidence that mental health effects may be substantial including depression, post-traumatic stress disorder (PTSD), complicated grief and other mental health problems which may need to be dealt with. As well as these, there may be resulting difficulties in relationships with others, and in ongoing learning at school. Understanding and sensitive support are vital for children and young people who experience such losses. Some may also need referral for further assessment and specialised mental health support.

This resource will provide information concerning some of the common patterns of grief at different ages in the context of disaster, information and examples of supportive strategies to assist young children or young people in their school settings and roles and information about specific vulnerability indicators that may require further assessment and research.

It has been designed to be applicable to the range of disasters that children and families may be exposed to, including bushfires, floods, cyclones and other man made disasters.

1. Patterns of grief

Common patterns of grief have been researched with adult populations. There is less systematic data for children. Many elements of children's reactions will be influenced by the significant adults in their lives; the difficulties they may have faced before; by their levels of development and maturity; and by the tendency of children's distress to be expressed in behavioural and emotional responses rather than more verbal representations.

Emotional reactions

- **Shock, unreality and emotional and physical 'pain'** are common initial reactions to the news that a loved one has died. In disasters there may have been a period of uncertainty about whether the person was missing or might be still found. These reactions sometimes return over the months afterwards, especially with reminders.



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

- **Yearning** - Longing feelings for the person who is not there, and 'searching' for them, is often associated with feelings of emptiness, wishes for the person to return, to be there, to feel their touch, or hear their voice and to be comforted by them. These feelings are key elements of '**normal**' grief. They are similar to the feelings children have when separated from parents when they are young. These feelings come and go over time, usually settling after the early months but yearning for someone you have loved and lost can occur on and off, even if briefly, for a long time. Children may also continue to yearn for the parent who has died for a long time, and may have fantasies of their return.
- **Anger** - Feelings of anger, protest, 'why me', are common. This anger is about feeling 'abandoned', being without the person who has died. Anger is also likely toward those who did not warn, or prevent the disaster or weren't able to save the person who died, or they may be seen to have somehow caused it.
- **Sadness** - Sad feelings are recognised by children from early childhood and experienced at all ages from then on. It is a major normal aspect of the reaction to loss of a loved one and to other losses; with the recognition of what is lost and missed.
- **Guilt feelings are sometimes present**, about what one said or thought or was unable to do for the person who has died, or more commonly in disaster settings because one survived and the other did not. Children's fantasies about negative feelings toward the person who has died may contribute to guilt.
- **Anxiety**, fear about life without the person who has died. This may be because of the dependence on them, as with children; the uncertainty, or the closeness of death. These fears and anxious feelings can occur for everyone but may be especially likely for older children or adolescents because of the recognition of being alone, and uncertainty about the future. For younger children separation, distress or anxiety may continue.

Cognitive and other reactions

- **Disruption of attention and intense focus on the lost person.** Thoughts and images of the lost person preoccupy those bereaved, with wishes for them to be there or return.
- There may be **inability to concentrate** or focus on other things
- **Bodily reactions**, such as stomach pains, headaches, loss of appetite and sleep difficulties are frequent
- **Dreams** of the person who died. These may be frightening, or about the person returning.

Memories of the person

- **Memories** will have a strong set of feelings with them. Some will be positive and some will be **regretful**. Some will be **negative**; some **painful**.
- Memories are '**sorted through**'. There may be treasured reminders which symbolise the lost relationship, and are held on to.



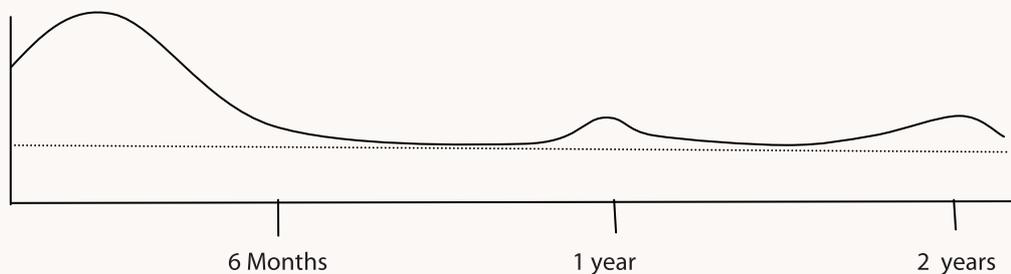
CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

- The person may be idealised, not remembered as the **'real' person** with human faults and strengths.
- Eventually there are groups of memories or aspects of the relationship and the lost person that reflect the recognition of their role in the person's life, that are held in their place, but do not dominate. They allow **new relationships and new memories**.
- Rituals and ceremonies may be more formal reminders of the person and relationship. Other things may trigger **positive memories**, with **sadness**, or other feelings of **missing** the person, or for what is no longer possible to share with them.
- People's memories may be reflected by photographs, treasured objects, or even a **memory book or story** about the person, or something similar. This may assist children to 'hold on' to memories.

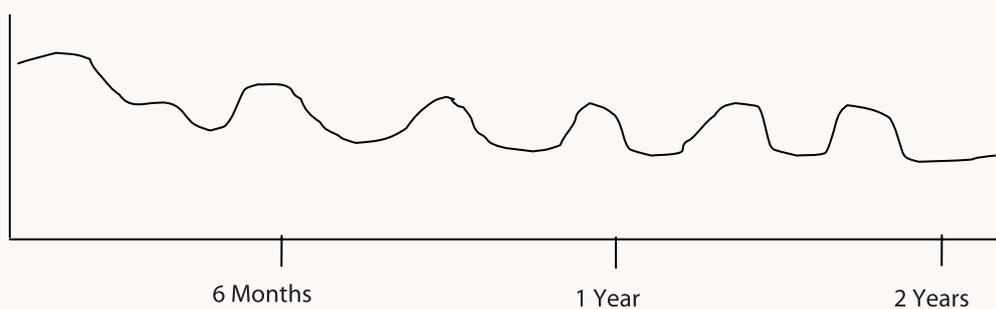
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Some patterns of grief over time

- General resilient pattern of grieving

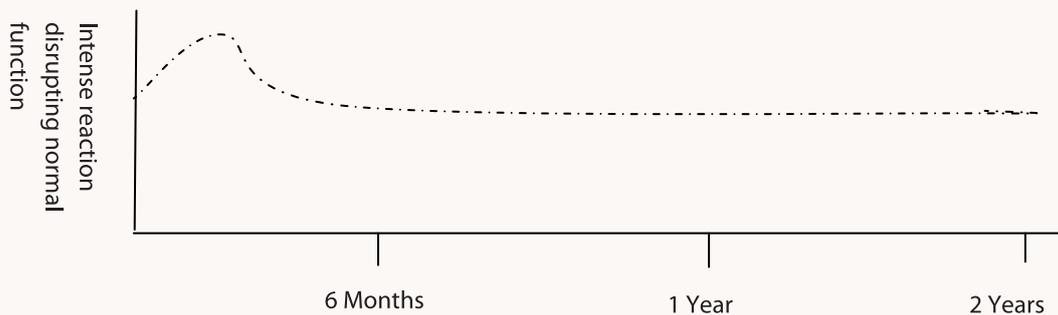


- General emotional reactivity – ‘rollercoaster’ experience



- Prolonged grief / Complicated grief: grief, distress and preoccupation stay at a high level for either the parent or child with intense yearning for the lost person.

CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER



People may or may not show their grief overtly, and it is important to note that an absence of external signs of grieving should not be presumed to be a sign of resilience as research has indicated that some individuals find it difficult to grieve openly and may experience grief in different ways.

Children and young people may be particularly seen to be 'ok' but their grief can and may return quite strongly at various times.



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

2. Families and grief

The loss of any member of a family constitutes a crisis and brings grief to the family as a whole. Each family member also has his or her own pathway for grieving – for instance the pattern for men and women has been shown in some studies to be different following the death of a child, with men showing less open grief and seeming to ‘get over’ it sooner. However grief is always individual and there should be no assumptions.

Difference in patterns of grief may also reflect the different relationships with the person who has died. Such differences may mean that family members find it difficult to be attuned to each other’s grief, and more so because it is at times difficult to be both comforter and bereaved. Nevertheless it is important to provide support for families as a unit to deal with their grief together. Otherwise the ‘raw wounds’ of the loss may cause difficulties for ongoing family functioning.

For children, their parents’ own grief may make it difficult, for it may seem that a surviving parent for instance, is not able to respond to their needs because of their distress and preoccupation with the one who died, struggling in grieving for them and trying to fulfil ongoing family roles. Children may try to ‘protect’ parents from their emotions and for this reason they may try to keep them concealed.

Families are often complex and complicated: for instance step-families; blended families; children relating to separate parents, step and half siblings. Understanding where a bereaved child’s best supports are and helping them link to these, both in family and school settings, can be helpful. **Continuity of family life** is important even if the

family is displaced from its original home, or living in a temporary, crowded shelter. Like continuity of school, this can help those affected have some sense of security about everyday living and, as these functions continue, can reassure children and adolescents that the whole world has not collapsed and that there are possibilities for their future.

Families - summary

- Complex grieving of the family unit over time
- Different patterns and timelines of grieving for different family members
- The death of a child is particularly traumatic as it is untimely and there is a strong sense that ‘it should not have happened’. It causes anger and fear as well as sadness and grief and is hard to accept.
- It is difficult for family members to be both comforter and bereaved.
- The child’s grief may not be understood because it may be less obvious and behavioural changes may be seen as problems, rather than reflections of the child’s confusion and grief.
- Children (and adults) may only be able to grieve openly, or talk of the loved one when they feel secure, and this may be months after the death
- Comforting, affectionate family life with some level of continuity, is likely to be helpful to all family members, but especially children
- Information about normal grieving, support from others which allows discussion of the



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

person who has died, and expression of feelings, plus the structures of everyday life, roles and responsibilities (family, school, work etc) are the resources that best assist people to integrate the loss and move forward with life.

3. Children of different ages

How grief is experienced will depend on the child's capacity to understand the nature and finality of death; the degree of disruption of their lives and worlds; the existing pre-disaster family stressors; how parents and other family members respond for themselves, and to children's queries and reactions; and who has died, what the nature of the child's affectionate bond was, who in the family provides for the child's needs; and how the deceased was involved in the child's life and care.

Preschool children

Effects will chiefly be behavioural, which may include:

- withdrawal and/or regression,
- self soothing,
- crying,
- repetitive questions,
- anger and acting out behaviours,
- separation-anxiety phenomena, and attention seeking

These reactions indicate the child's need for comforting, particularly with the death of a parent, a primary attachment figure. Holding, talking gently,

for instance, recognition of the child's distress, and play; are some of the support strategies. Ongoing family rituals and routines, sleep, and comforting for separation distress/anxiety can be very helpful to children

Young children should be provided with simple information in a calm voice. Providing ongoing support can help the very young child to a more secure adaptation. Strengthening support for the parent/s and others in the family can also give them more capacity to meet the child's needs.

Primary school children

Children increasingly understand the finality of death through the years of five to eight and onwards. But initially at least they may frequently ask questions such as 'Where is (the person who died)?' 'When is (he / she) coming home?' One of the difficulties about deaths in disaster may be that there is that there may be no identifiable body for children and families to see and say goodbye to. Children in these age groups are increasingly familiar with death from the popular media, especially TV, but may assume it is to do with killing, badness, or something from which you can come back. It is helpful for children if they can ask questions and receive simple, clear and honest answers. They may feel that it is somehow their fault and need reassurance that it was not.

Withdrawal and internalising behaviors may mean the younger child is seen as 'good', not affected and not needing help or support. Acting out behaviours, aggression or conduct difficulties may be seen as 'problems' and that the child is uncaring and not affected. It is helpful for children if they are provided



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

with support and the reassurance that they are cared for both physically and emotionally. It is helpful to acknowledge that the child is missing the person who has died and naming the emotions that they are experiencing, such as sadness or anger. Children's play may also reflect their grief and any associated trauma experiences.

The key themes of general support for primary school children are:

- being there for the child and reassuring them that they are valued and cared for;
- acknowledging that grief may be reflected in behavioural changes, particularly those associated with learning and social development in school contexts and that children will be supported both at home and at school;
- providing information about normal grief, how it comes and goes and can bring strong feelings;
- helping the child to understand that life will continue on and they will get through this time with their strengths and with others and, that help is there if needed.

Adolescents and high school

Adolescent thinking processes become much more like those of adults with the capacity to not only understand the nature of death and its finality, but that they also could die. This latter realisation may be gradual for some, depending on maturity and life experience, as adolescent risk-taking may seem to challenge this understanding. Adolescents tend to understand more fully that their lives will be different, that their opportunities and security may

be affected by the death of a parent. They may be fearful, angry because of this, or resentful that death has come to their lives in this way; that they have had to 'know' it. They may act with bravado, as though they are not affected.

Young people in these age groups have very strong peer bonds, and are likely to experience great distress over the deaths of peers (as happens with suicide and accidental deaths of peers in this age group). They will rely a great deal on group support from school and other peer-based groups, with ritual and expressions through group action, social media such as Facebook, as well as memorial rituals and expression with music, and the like. Recognition of their grief, allowance for their spontaneous supportive actions, ritual and memorialisation are helpful strategies. *Support for their strengths to go forward is the best tribute to those who died.*

In the family context they may fluctuate between mature responses; overcompensation in caring for others and denying their own needs to more regressive and needy expression of their fears and loss. Their roller-coaster of emotions may be externalised, may seem demanding and may be perceived as non-supportive by other family members. Alternately, they may be seen as not affected when they appear to be getting on with their lives, which they may struggle with, sometimes experiencing guilt when they do. Some young people may take over the role of a deceased parent. Some may act out their neediness in sexual behaviors, drinking, risk taking, and drug use – as though challenging their families, schools, and life more broadly. The realisation for the first time that death can touch them can lead to the development of high risk behaviours. As with other age groups it is important to consider some key principles of support.



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

4. Key principles of support for children and adolescents

- **Continuity of caring family environments,** structures, and functions, as well as is possible, if family members have died in the disaster. Affection, security, trust and relationships are central.
- **Continuity of caring, engaging school environments,** with structures and functions sustained as well as possible, even if the young person is displaced to a new school setting. Such an environment is still helpful if it works to sustain learning, academic and social development trajectories and goals, while acknowledging what has happened.
- **Information about normal patterns of grief over time,** and understanding oneself and others, including one's family and school in terms of their possible reactions and their course over time. Information provided should encompass issues identified above. This should include understanding of the different times, and readiness to grieve; and the different courses of grief over time.
- **Support opportunities. Practical and emotional** support from peers, teachers, or family and friendship contexts should be identified as important: as a strong and positive feature that everyone needs and where everyone has something to contribute.
- **Stories and memories.** People who have lost loved ones will have many memories of that person or those people; about shared experiences; love and missing them; that they died in the disaster; cherished thoughts, that will be held in tribute to them; memories of their complexity and human nature with its good and bad; telling or writing the story of this person, this relationship: gathering memories, an album or journal, photos, music or whatever is meaningful. These are aspects of grief that help one to move forward in life and find new attachments and hopes for the future.
- **Activities, roles and actions** that are an engagement in ongoing life, are important for oneself and others who live and with whom one relates and shares life. These are practical concrete actions that are oriented to new life, the future and are ultimately a tribute to those who died in the disaster. Ideally they involve family, school and community goals and renewal.
- **Troubled times.** Readiness to grieve and capacity to progress with the demands of life, school, work etc may vary. Anniversaries and other times, especially those that may have been shared with family, fears etc. may bring back waves of grief. This is normal. However, if grief continues with high intensity; if one can think of nothing and no one else; if one cannot be part of ongoing relationships or function in life; if one becomes hopeless, despairing, depressed, dysfunctional, dreams of reunion, then it is very likely that professional help is needed and referral for assessment and treatment may be critical. Traumatic circumstances, multiple losses, other overwhelming challenges, past trauma or loss, too much death, may all add to this burden. Effective help is available and should be sought.



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

5. Many losses, many 'griefs', many traumas, much courage

All those who go through a disaster experience trauma and loss: trauma relates to the possibility of dying, the threat to life, the massive destruction, the thoughts 'I could die' or 'I am going to die', the racing heart, the fear. *All these are likely in mass natural and man made disasters, especially when this is very intense, life threatening and out of control.* These are circumstances of mass catastrophe. Losses can be those of the deaths of a close family member, friend or significant person with whom one had bonds of affection or relationship.

In disasters, survivors can experience multiple losses: loss of home, pets, community, treasured possessions, school, workplace, the loss of resources, and there is also the loss of the sense of a safe, secure world. Research shows that psychological trauma, major loss, and losses of other kinds can all contribute to vulnerability. In addition the long aftermath may bring many additional stresses such as temporary accommodation, financial worries, further threats, difficulties rebuilding, health effects, relationship consequences and so forth.

Multiple losses may predispose one to depression and helplessness, a sense it is all too much. Practical activities that children, young people and families can engage in, and can help towards recovery, renewal and addressing the impacts, can overcome these feelings. If there is mutual support working together with others who have 'gone through the same thing' ie **shared actions for the future**, the cumulative adversities may be mitigated. This is important for adults but is especially so for children and young people, as multiple losses may add to their vulnerability and place their mental health and

development at risk.

Trauma and loss may predispose to mental health problems such as PTSD or depression or other difficulties such as anxiety problems. Specific treatments are available through referral from your school, general practitioner, child and adolescent mental health services and other settings. These are at three levels, with the highest level dealing with the most severe level of trauma and grief problems. This type of treatment is available through referral agencies, for instance after assessment by the general practitioner.

Traumatic grief or child traumatic grief is a mixture of trauma and grief reactions – guidelines are also available for this. (See following below 'Grief Pathology').

Loss, grief and other stresses: Pre-existing problems, mental health difficulties, earlier experiences of trauma and loss which may have left vulnerability and may also complicate the experience of disaster. These might include being injured, having an illness or disability and so forth.

Complicated or prolonged grief may also arise and is a picture of ongoing intensity of grief at high levels, and continuing intense preoccupation, with anger, guilt, and other feelings continuing in ways that affect functioning well beyond the first six months.

Vulnerabilities of bereaved children: these can occur as above, both through to the nature of the way the person died and the effects of other circumstances of the disaster on life.

Courage, survival and resilience: most children, adolescents, families, teachers and community members handle tragedies with courage, care for others, coming together or finding a 'fighting spirit'



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

which can help personal, physical and psychological survival.

This takes a great deal of psychological energy and it may only be when one is feeling more secure that one can begin to deal with what has happened. This may take a long time. **Resilience** is part of this; so is **hope** and **compassionate support for and from others**. Environments of hope, action, respect for people's strengths and sensitivity to their needs, helps people to find their way forward and to integrate the tragedy into their life and future.

6. Grief pathology

Childhood Traumatic Grief (CTG) is a description and category of bereavement problems / pathologies described by researchers in this field (Cohen & Mannarino, 2004) and considered to be distinct from childhood complicated grief. It is conceptualised as 'the encroachment of trauma symptoms on the child's ability to successfully navigate normal grieving' (p. 820). Children are preoccupied with the traumatic and threatening circumstances of the death including intrusive and disturbing images, thoughts and memories, and so cannot focus on and grieve for the loss. Such distressing intrusions may be triggered by trauma / reminders of the traumatic nature of the death; loss reminders and or change reminders. CTG is assessed by evaluating the child and family's past and current functioning; experience of the loved one's death; the child's PTSD symptoms' infringement on their ability to grieve (Cohen et al, 2002).

Complicated grief Complicated or prolonged grief is considered if the following symptoms are present after six months and are interfering with

the child's ability to function; ongoing, intense unremitting yearning for the person who has died; intense preoccupation with the person who has died; sometimes anger or guilt; disturbances with relationships with others; disturbances in daily functioning such as concentration. It may share some features of depression, anxiety or PTSD but is a separate and specific clinical condition. If ongoing it requires assessment and treatment. It is extremely important that assessment is made regarding any suicidal ideation or self-destructive thoughts or if there are fantasies of reunion with the dead person. Assessment and management of parents and other family members, and follow up are also important in such contexts.

7. Grief, loss and the future

It is really important to know that even in tragic circumstances like a disaster, most people do adapt over time and retain loving and complex memories of the person who has died. Real memories are indeed often complex because human relationships will have their ups and downs. When someone dies it is as though we take some parts of themselves into us and we take the next step forward in our own lives. Ultimately the greatest tribute to anyone you have loved and lost is the willingness to take hopeful steps towards your own future. It is also important to remember that grieving for someone you have lost occurs over time. Memories may come with some pain about the loss but for the most part they lessen. Pathways to the future are always influenced by our life experience and it is reassuring for children, adolescents and families to know that some memory will always be with them of the person that has been lost.



CHILDREN, ADOLESCENTS AND FAMILIES: GRIEF AND LOSS IN DISASTER

This resource was developed with the support of the Australian Government. It was authored by Professor Beverley Raphael, an internationally recognised expert in mental health and disasters. Professor Raphael currently heads Psychiatry and Addiction Medicine at the Australian National University and is the Chair of the Australian Child & Adolescent Trauma, Loss & Grief Network. This resource has been reviewed December 2015.

Some useful resources are available for further information:

Australian Child & Adolescent Trauma, Loss & Grief Network

www.earlytraumagrief.anu.edu.au

Trauma & Grief Network: Supporting Families

www.tgn.anu.edu.au

Rowling, L. (2003). *Grief in School Communities – Effective support strategies*. Sydney: McGraw-Hill.

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