



Child Survivors of Suicide

How Many Child Survivors are There?

It is impossible to say with any certainty how many children have been bereaved by the suicide of a significant person in their life. In an article on parental suicide, Cain observes many studies of suicide include other demographic data but provide no information on whether the victim had children or their age, gender, or number (2002: 124).

Small and Small estimated between 7,000 and 12,000 American children became survivors each year (1984: 151). This figure is problematic as it assumes only one child survivor per family and only addresses children bereaved by the suicide of a parent (A. Cain, personal communication, 2008). More recently, Pfeffer noted a conservative estimate shows at least 10,000 to 20,000 children and adolescents in the United States are bereaved by suicide each year (2000: 1).

The lack of reliable statistics, however, does not diminish the importance of supporting these young people, many of whom are forgotten mourners.

Why We Need to Support Child Survivors

The suicide of an important person can be an organizing life event with significant impact on a child's development (Pfeffer: 6). Children may have intense reactions to suicide and be at risk of engaging in maladaptive coping strategies (Bille-Brahe & Stenager, 1992: 228) and behaviours.

Children have many of the same reactions to suicide as adults but, especially among very young children, these may be exacerbated by an incomplete understanding of the finality of death. Reactions to suicide often include:

- feelings of betrayal, abandonment, and rejection (Dalke, 1994: 122,129, & 138; Cain: 132).
- guilt (Dalke: 131; Bertoia & Allan, 1988: 36; McIntosh, 1987: 77-78; Pfeffer: 7; Cain & Fast, 1966: 876-877). Incidents involving some misbehaviour on the child's part may be a particular source of guilt if the child interprets his or her behaviour as causing the parent's suicide (Cain & Fast: 876-877).
- a fear of losing the other parent (Dalke: 133; Pfeffer: 7) or not having their day-to-day needs taken care of (Cain: 126).
- an impression of worthlessness; the parent did not value the child enough to live (Bille-Brahe & Stenager: 228) or preferred death to being with the child (Cain: 132).

Children may protect themselves from the pain of having to talk about a suicide by denying the death altogether (Dalke: 128) or they may rewrite the nature of their parent's death (Cain: 129). More worrisome are the bereaved young people who begin to think of suicide themselves or who attempt or even die by suicide.

Suicide and Suicidal Behaviours in Bereaved Young People

Cerel and her colleagues note results from research comparing the reactions of suicide survivors to those not bereaved by suicide are conflicting. Some studies have found survivors face more difficulties, including self-destructive behaviours. Other research has found no differences between the two groups on measures of suicidality, while still other studies have found less emotional distress in suicide survivors (2000: 437).

Although most children successfully cope with grief, the long-term impact of parental suicide is as yet unknown (Cerel, Fristad, Weller, & Weller, 1999: 679). Reactions to a parent's death can occur as much as five years later (Grossman, Clark, Gross, Halstead, & Pennington, 1995: 14). Some studies have found a heightened incidence of suicide or suicidal behaviours in people bereaved during childhood or adolescence:

- Zilboorg asserts when the process of identification with a dead parent or sibling occurs during childhood or adolescence, there is a true danger of suicide in later life (1937: 22).
- In a group of 1,483 depressed inpatients, Hill observed more suicide attempts in both men and women whose mother had died in their first ten years of life (1969: 304).
- Referencing earlier studies, McIntosh notes child survivors of parental suicide may identify with the deceased, including directly repeating the suicide of the parent or becoming resigned to the belief they also will die by suicide (79).

A causal relationship should not be inferred from these findings as pre-existing behavioural and familial problems may also contribute to subsequent suicidal behaviours (Pfeffer: 13; Cerel et al, 2000: 441). Conversely, a strong family environment before the suicide, the ways in which significant others cope, and the provision of supportive and protective care can positively influence the child's post-suicide adjustment (Grossman et al: 13).

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Supporting Child Survivors

Research evidence offers compelling reasons for telling children the truth about suicide. However, it may not always be possible for this conversation to happen right away. In other instances, due to personal, cultural, or religious beliefs and practices, a child's caregiver may choose not to reveal the manner of death at all.

Caregivers may need some time to master their own reactions to the death, to adapt to and gain more perspective on their new circumstances (E. Hides & J. Leith, personal communication, 2008; Wolff (1969) as cited in Wolfe & Senta, 1995: 207; Cain: 127). They must also accept suicide has been introduced into the child's world and deal with their own fears the child may now be at risk of suicide (E. Hides, 2008).

When ready, caregivers can provide effective assistance by:

- ensuring bereavement support is appropriate to the child's age and/or developmental level (Webb, 1993: 153).
- reassuring the children someone will take care of their basic physical and emotional needs (Mitchell, Wesner, Brownson, Dysart-Gale, Garand, & Havill, 2006: 134).
- exploring any feelings of responsibility and helping children realize they did not cause the suicide (E. Hides, 2008; Webb: 153).
- allowing the children to tell the story of their loss in their own words (E. Hides, 2008), realizing they may need to express negative thoughts and feelings (Wright & Partridge, 1999: 230). All feelings need to be acknowledged as being legitimate and important (Dalke: 123).
- understanding there may be an ongoing need to answer questions about the suicide as the child develops cognitively and linguistically (Mitchell et al: 135) and acquires more life experience (Cain: 135).
- recognizing the experience and process of grief will be unique for each child (Bertoia & Allan: 33). However, if there seem to be complications in the grief, professional guidance should be sought (Fitzgerald, 2003: 68).

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