



National Centre For Childhood Grief

Talking to children and young people about suicide



First things first

The way you, the reader, use this information, will be determined by your role with the child, your relationship with the person who has died, your own grief reactions, and your level of confidence. If the subject itself fills you with anxiety, give the pamphlet to someone you trust and ask them to facilitate the conversation for you. Ideally, you could be present to demonstrate your trust in that person, and to provide comfort and reassurance for the child.

The subject of suicide

The word suicide seems to stimulate strong reactions in most people, reactions that are often exacerbated by media attention, plus political, financial and emotional focus on 'suicide prevention programs'. What makes us, as adults, react so strongly in the first place?

Have we experienced suicide in our own families? Have we had suicidal thoughts ourselves? Feared that friends or family members might end their own lives?

Do we think death by suicide is worse than death from other causes? If so, why?





Do we feel guilty when people close to us die as a result of suicide, guilty that we didn't notice the cues, act quickly enough, listen enough, care enough? Do we think we could have prevented the death? That it was our fault? Someone else's fault or responsibility?

Do we have trouble understanding 'why' someone kills themselves? Do our religious or philosophical beliefs make us judge suicide as a crime, or a sin?

Before we are able to talk constructively with children about suicide, it is important that we, as adults, have asked and answered these questions, and processed our emotional and rational responses. It may help to talk these through with a trusted person, particularly if we are grieving the same death as the child and feel regressed and vulnerable.

Talking to young children

Ideally, conversations with young children about suicide, and death from any other cause, are initiated before the child is personally affected. If they hear the word 'suicide' and ask what that means, try not to react emotionally. Take the time to sit with them and ask first what they think it means. Their answer will give you cues about how to proceed.

If they don't know, ask what they understand about death in general. For example: "Do you know what being dead means?"



If they already understand that when we are dead we can't feel, walk, talk, eat, and so on, you might progress to asking what they know about how people can die, e.g."Let's see if together we can make a list of all the ways we know that people can die." Your list might include, accident, cancer, drowning, burning, being struck by lightning, and so on. You might then add suicide to the list, explaining that some people decide to end their own life.

If you remain factual and unemotional, children will usually deal well with the information. They will watch you for cues on how to react. If, in rare circumstances the child becomes distressed, you can ask for guidance by using the resources at the end of this handout.

Questions about 'why' someone would end their own life should also be answered factually. You might say "Some people have pain in their bodies or their thinking that they don't believe anyone can make better. When their pain stops them from thinking clearly or talking to someone and asking for help, they may not be able to make the best possible decision." Assure the child that most problems can be fixed if they tell someone they trust – like you – and together you will find a way to solve the problem.

This is an ongoing conversation which will have different inclusions as the child's conceptual ability increases with age. The most important thing is that they understand that no questions are taboo. Assure them you will always do your very best to make sure they have truthful information.

When they ask the 'how' questions about suicide, your reactions need to be equally factual. Ask them first how they imagine someone might end their own life, then build on their response. You might decide to make a list of possible ways but do so without unnecessary detail. Brutality is not 'access' to truth.





Any serious conversations about life and death are best followed by physical and fun activities to stimulate deep breathing, to use any adrenalin that may have been stimulated, and to make the connection between serious and happy feelings – which can co-exist perfectly fine rather than cancel each other out.

When Suicide is of Someone Close to the child

Talking to young children about suicide is really not much different to talking to them about death from any cause. They do best if they have **access to truth** and **inclusion** in whatever happens for the family – time with the person after death, the funeral and so on.

Be as calm and factual as possible. But, as already mentioned, you, the adult, need to know as much as possible about the nature of the suicide, and have processed your own reactions first. What is it about the story that affects you most, as a family member or close friend? Perhaps as a counsellor or support person? The fact that the person is dead? The nature of the death? The images? The sounds? The smells? Fear of people's reactions and judgement? Regrets? Shock?

Ideally, when a family member dies from suicide, or from any cause really, it is best if a young child is told by a person other than their ongoing caregiver or guardian. We all have a tendency to 'behead the messenger'.

If it is a parent who has suicided, the surviving parent will be served best in the long term by being present to provide comfort while another person, preferably one not too close to the child, provides factual information.

All discussions should begin with the question ‘What do you understand about what has been happening? Or ‘What do you understand about daddy/mummy’s death?’ Their answer to that question determines the next part of the conversation.

Access to truth means just that – the right to ask questions and to receive truthful information, but not to be hit over the head with traumatic detail. The child needs to ‘own’ information in the safe context of the family, rather than be told by a stranger or another child. You can be sure they will hear details from someone, our communities are all too ready to pass on other people’s stories, particularly if there is some drama involved. The media tend to assist in this process.

Let’s identify or re-visit some important steps in the process of helping the child learn how to live with this experience and to manage their reactions.

1. If possible, it is best if you, the adult, are able to talk to someone who can help you process your reactions before you have to support a child.
2. As with other deaths, it is best if someone NOT in a very close relationship with the child be the bearer of bad tidings. Let someone else be ‘the baddy’.
3. A parent or guardian should be with the child to provide support when they are given access to truth. That person should be ‘the goody’.



4. The informant should always begin with ‘what do you understand about what has happened to ...?’
5. If the child knows that the death has occurred, but not how, you might have a conversation about how people can die. Then add ‘some people end their own lives, and that is called suicide.’
6. The conversation might then go on to ‘what might make someone want to end their own life?’ If the child doesn’t know, talk about pain, physical and/or emotional, that the dead person believes no one can make better. They lose the ability to ask for help, or to trust it.
7. Help the child identify ways in which they are different to the dead person. For example, being able to tell someone when they are worried, or in pain, and let someone help them.
8. Don’t forget the ‘Magic of Memories’ CD as a tool to help with the above discussion. The adult should listen to it first, process reactions and formulate questions before playing it *with* a child.
9. Make sure that the child understands that they can ask questions at any time and they will be given access to truthful answers.
10. Make sure the child receives information in a safe setting, has opportunity to process their reactions, and is then encouraged to do something active and fun.



Examples of detail for a young child

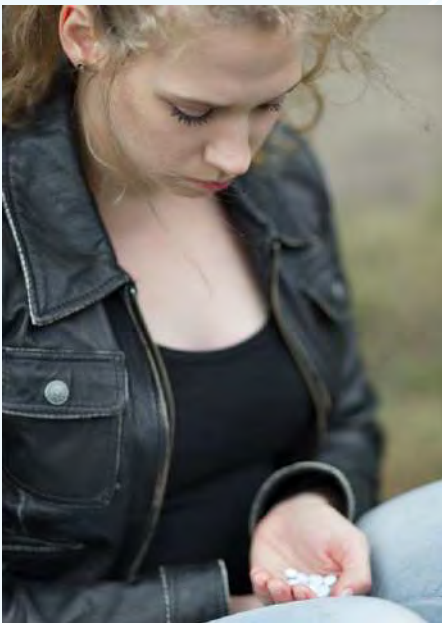
When the child is ready, they will probably ask questions about how the person killed themselves.

“ X cut himself and he didn't have enough blood left to keep him alive. ”

It's OK for any of us to bleed, like when we fall over and hurt ourselves, or cut a finger – that won't make us die. Do you know how much blood would need to come out of our body to make us die? We have about 12 pints of blood in our body and we would need to lose around 40% of that or more to die. Let's see how much that is. Show the child. Talk about the good things about blood. Make sure the child isn't left with a fear of blood or bleeding.

“ X swallowed something that was poison. ”

You know how we get sick and throw up if we eat something that is bad for us? Well, poison is the very worst thing we can swallow and it makes us so sick that we die. Sometimes that happens by accident, and sometimes people make themselves very sick on purpose.' Make sure the discussion doesn't leave the child with a fear of eating. Talk about the healthy things we can put in our mouths.



“ X put something around their neck that stopped them from breathing. ”

Discuss breath and breathing and its importance to all living things. Tell the child that sometimes people talk about 'being winded' or 'all out of wind', and ask if they know what that means. Explain how every breath we take helps to keep us alive and healthy, and if we prevent wind or air from moving in and out of our lungs, we can die.

After this discussion, do something physical that makes breathing fun, and the child feel in control of their breathing.

“ X shot himself with a gun and his heart stopped beating. That’s why most people don’t like guns. ”

If you, the surviving parent or guardian, have difficulty with conversations like these, ask your GP, a friend or trusted relative, to help you. Counsellors at the NCCG can also assist when necessary.

Suicidal ideation in young children

When a suicide has occurred in a family, or a community like school or church, surviving relatives often feel as if they are being watched all the time for signs of suicidal intent. When cues were missed which may have prevented the suicide, guilt may make people determined to ‘get it right’ this time. While understandable, panicked behaviour isn’t helpful. We all need to calm down and think as well as feel.

Many, many bereaved people, including children, use language that sounds potentially suicidal. Adults may say ‘I wish it was me who had died.’ Or ‘If it weren’t for the children, the dog, the cat, the ... I’d kill myself.’

Children often say ‘I want to kill myself and be with dad/mum ... in heaven.’

Or ‘I wish I was dead so I could be with X in heaven.’

This kind of language tends to be more prevalent in families who explain that ‘X is in heaven’ and proceed to paint a glowing picture of a place in the sky. Young children are concrete thinkers and believe that it is literally possible to join the dead person and live in a kind of magic toy room. Children do best if they are given simple, factual descriptions of death. Heaven is a complex and sophisticated concept, an adult concept, best shared as the child matures, if heaven is an important part of the family’s belief system.



What to do with suicidal language?

Don't panic. Your aim is to understand what the child's language – verbal and non verbal – means to them. What are they really saying? Resist the temptation to interpret paintings or drawings. It is easy to leap to incorrect conclusions. Ask the child 'What does that colour mean to you? What is happening? What does the painting/drawing say?' Trust their version.

When a young child talks about killing themselves, or wishing they were dead, ask them to tell you what makes them say that. 'Is that how much you are hurting right now?' Ask them questions until their own logical thought kicks in.

For example, what do you think death is like? Can you walk, talk, eat, play when you are dead? What do you think heaven is like? Where is it? Can you see it? Who would miss you if you died? What do you think X (the dead person) would want you to do? Would they want you to stay alive and look after ...? Would they want you to make the most of all the good things in your life? And so on.





Older children and young people

If any young person (teenager) talks about killing themselves, ask 'are you really planning to kill yourself, or do you just want people, including me, to understand how painful your grief is?'

If they seem serious about ending their own life, ask for details of the how and when.

Tell them how their death would affect you, and ask them to think about how their death might affect other family members. Finally, if you remain concerned that they may carry out their plan, tell them you intend to do everything possible to prevent that happening. As a parent or other family member, you might say 'Let's go talk to our doctor or a counsellor together.' If you are a counsellor, you could say 'Who is going to tell your parent – you, me, or both of us together?'

Do not carry responsibility alone. Teamwork is the best option.

Contact Details

The National Centre for Childhood Grief

Phone: 1300 654 556

Email support: afriendsplace@icloud.com or drmckissock@icloud.com

<https://childhoodgrief.org.au>

Resources

Available for purchase from 'A Friend's Place'

The Magic of Memories – helping children live with grief book and CD

The Magic of Memories – a bedtime story illustrated book and CD

The Grief of Our Children book

Pamphlets

- Grieving Children: Guidelines for Adults who Care
- Grief in Adult Life
- Living with Grief and Trauma in the School Setting

