

# Death's Impact on Our Children



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Death is a natural part of life. Grief is a natural reaction to death. The longer we live, the more likely we are to grieve the loss of someone we love.

But for many, many of our young ones, this grief comes far too early. And the numbers of children impacted by death is rising.

During the Covid-19 pandemic, *The New York Times* published an op-ed entitled “The Grief Crisis is Coming” reporting on the exponentially rising numbers of those left behind who are mourning the loss of loved ones due to death by the Covid virus (Gilbert, 2021).

But Covid is not the only culprit behind the rise in deaths that are leaving our children and teens devastated. The impact of the opioid crisis, the increase in gun violence, the rising in the numbers of those (including young people) dying by suicide—all contribute to the grief crisis we are facing in our country.

The death of a close family member ranks #5 on the Holmes-Rahe Life Stress Inventor (Holmes and Rahe, 1967). For a child or teen who loses a parent or other significant loved one, their lives are turned upside-down. One year after the death of a parent, research shows that 19 percent of bereaved children will experience substantial impairment in functioning because of challenges such as post-traumatic stress disorder and childhood traumatic grief (LaFreniere and Cain, 2015, pp. 246-247).

Imagine the emotional impact of losing somebody we love, especially when we are young—the sadness, the anger, the confusion, the fear. Imagine the depth of these emotions.

What is equally important to imagine is the ripple effect of a death in the life of a child.

The death of a primary caregiver or other significant family member brings with it a number of secondary losses beyond the loss of the deceased. These losses are especially significant for children and teens, as their lives are often quite dependent in one way or another on the person who died. These secondary losses include:

- Financial changes
- Changes in living arrangements (may need to move, change neighborhoods)
- Change of school
- Change in activities (routine activities and extracurriculars)
- Changes in relationships
- Loss of role in the family
- Loss of worldview
- Loss of the future as they imagined it would be

As well, in younger children, their sense of safety in the world is still being formed. The untimely death of a parent or other guardian, of a sibling or a close grandparent, can thwart their ability to trust, an essential building block for many stages of development.

Furthermore, research has shown that children who experience loss of a parent may suffer lasting consequences, including lower grades and failing in school (Berg et al., 2014), as well as increased experimentation with drugs and alcohol (Hamdan et al., 2013).

The social effects of the impact of a death can be striking as well. Nearly 90 percent of young people in the juvenile justice system report having experienced the death of at least one loved one (Harnisher et al., 2015).

In the tragic instances when a child is left orphaned by death, the consequences are extremely significant and long lasting:

The impacts of losing one or both parents—defined by the United Nations as “orphanhood” for anyone under the age of 18—are well documented. These can include poor mental health, poor academic outcomes, increased rates of high school dropout, economic turmoil, and general instability in the short-term, with long-term consequences like higher rates of alcohol and other substance use disorders, worse peer relationships, and reduced employment into adulthood (Treglia et al. 2022).

The effects of grief on children are immense. But these effects can be diminished through timely support and intervention.

Normalization of the grief experience; education on how grief affects children and the family; enhanced family communication; and engagement in a supportive environment with others who understand the grief experience—all of these can help reduce the impact of grief and provide hope for those who are suffering.

A 2017 systematic review of the effects of support programs for children who lost a parent indicated that relatively brief interventions can prevent children from developing more severe problems after the loss of a parent, such as traumatic grief and mental health problems (Bergman et al., 2017).

Another 2017 study provided empirical support for the efficacy of a school-based supportive group intervention tailored to help parentally bereaved children and adolescents (Abuhegazy and Elkeshishi, 2017).

## **How do children grieve?**

Not all that long ago, it was believed that children did not actually experience much grief when someone close to them died. It was believed that, in their resilience, they went through a difficult time and then went on with their lives, finished with that chapter.

As a culture, our understanding of the grief of children seemed to deepen following the tragedy of 9/11.

As much research has shown, it is now quite clear that children do grieve just as strongly as adults do—and in some cases, have even more complicated grief than adults do.

In addition, grief for children can be triggered throughout their lifetimes as they experience their various developmental milestones without their loved ones.

Children grieve differently than adults do. The younger the child, the less they have the ability to understand death and loss. They don't have the vocabulary to put the concepts into words and are less able to deal with emotional pain.

Even the very youngest children can feel that something is not right in a home in which someone has died. The child's unease will find expression in various ways, picked up on by those who know them best.

At the other end of childhood, the oldest teens will show signs of grief similar to the way adults grieve.

Children, especially younger children, do not have the understanding to grasp the basic concepts of death, including the fact that death is final, that death is universal, and that death is inevitable.

Even with a growing understanding, they still may not have the vocabulary, or the facility with words, to be able to verbalize these intense, conflicting, and complicated emotions and concepts.

As children get older, they gain more ability with words, but feelings as big as those that come with grief can still be very difficult to talk about, even for teens.

Children are also less able to deal with emotional pain—they have a “short sadness span.” They have a limited capacity to tolerate the intensity of pain, grieving in small pieces at a time.

Children cannot take the full force of the loss all at once. Their grieving is very inefficient. They approach it, feel it, take it in, and then move away very quickly.

Until this process was understood, it was misattributed to resilience.

When a child is seen playing shortly after a death, it has often been assumed they are “getting over it.” In fact, they are grieving in the only way they know how. They will play for a while, and then touch the grief again for a brief time later when they are ready again.

Along with this, many children are sensitive to the pain of their parents and other family members and don't want to add to their pain. They are also sensitive to being perceived as different from their peers. As a result, many children become masters at hiding what is really going on underneath the surface.

As children grow and develop, the ways in which they react to a death will grow and develop as well. Preschool children often see death as an absence. They fail to comprehend the permanency of death.

Elementary-school-age children come to understand that the person who died is not ever coming back. However, they have not yet developed the complex language to help them talk about feeling broken-hearted. At this age, the children often reveal much anxiety over who will be available to take care of them.

Adolescents have a greater understanding of the meaning of the death for the future. They are often mourning what the relationship could have been in the future, as well as what that person means to them in the present.

### **How does grief affect the family?**

The death of a loved one affects every aspect of a family's existence. From the time of the death forward, everything changes—nothing is ever the same again. What was once whole is now broken.

Dealing with grief within a family brings difficult challenges. Each member is trying to manage their own feelings while being impacted by the reactions of the rest of the family. Parents and children, brothers and sisters, and spouses may collide with one another as they search for new ways to relate.

What was once known is now unknown:

- Roles change—where there were two parents there is now a single parent; or a set of siblings has become an only child; or a middle child is now the oldest child; or grandma and grandpa have become mom and dad.
- Traditions change—homemade birthday cakes become store-bought; Christmas dinner is now eaten at a restaurant; anniversaries are no longer celebrated.
- Daily routines change—dinner is now gobbled down in front of the television; the house is quieter; an older sibling takes care of the younger children.

So often after a death, finding a way to talk about the heartache is difficult. Family members tiptoe around each other. After a child has died, the family can feel rudderless, with the surviving children often feeling like they have also lost their parents' presence as they manage their own intense grief.

Although grief is a normal process, it can be debilitating for individuals and families and often becomes the defining moment in their lives.

In fact, adults who were bereaved as children often speak of their lives in terms of “before and after” the death. Everyone may manage, but nothing is ever the same.

## The Breadth of the Issue

According to the Childhood Bereavement Estimation Model (CBEM) (Judi's House, 2022; see Appendices A, B, & C):

- **Nationwide:**
  - 1 in 13 (or nearly 8 percent) of children in the US will experience the death of a parent or sibling by age 18—equating to 5.6 million bereaved US children and teens.
  - This number more than doubles to 13.9 million when you increase the age to 25.
- **In Pennsylvania:**
  - 1 in 22 (or 4.6 percent) of children will experience the death of a parent or sibling by age 18—equating to 122,000 bereaved children and teens.
  - This number more than doubles 255,000 when you increase the age to 25.

These numbers do not account for all those children grieving the death of other significant loved ones, such as a grandparent, stepparent, aunt, uncle, cousin, etc., which would increase the figures significantly.

In the CBEM survey nearly 80 percent of those who lost a parent said it was the hardest thing they have ever had to face.

As well, those who lost a parent growing up said it took six+ years before they could move forward. Yet a full 57 percent reported that support from family and friends waned within the first three months following the loss.

Further research has shown:

- By age 20, a Black child is twice as likely to experience the death of a mother and 50 percent more likely to experience the death of a father (Umberson et al., 2017).
- About 20–25 percent of bereaved adolescents develop mental health problems, including internalizing disorders such as depression, following the death of a parent (Stikkelbroek et al., 2016).
- Bereaved siblings have higher high school dropout rates, lower college attendance and lower test scores (Fletcher et al., 2013).
- One study found that bereavement by sudden parental death was associated with an increased incidence of depression, primarily during the first two years, along with posttraumatic stress disorder and functional impairment (Pham et al., 2018).

## The Impact of Covid

The Covid-19 pandemic has been touted as the single deadliest acute public health crisis in American history, exceeding the death tolls of both the 1918 flu and HIV/AIDS since the 1980s.

The impact on our nation is not solely about those who died, but also on the plight of those left behind.

- According to an article in *The New York Times* titled “The Grief Crisis Is Coming” (Gilbert, 2021):

Ashton Verdery, an associate professor of sociology and demography at Pennsylvania State University, recently led a study that introduced the Covid-19 Bereavement Multiplier. By his team’s calculus, for every person who dies of Covid-19, nine loved ones are left behind. To arrive at that number, the researchers included the losses of spouses, siblings, parents, children and grandparents. If other relatives—like nieces, nephews, aunts, uncles, stepparents—and friends are taken into account, “you may get 10 times or more” people in grief, Mr. Verdery said.
- More than 72,000 children in the US lost a parent to Covid-19 and over 67,000 lost a grandparent caregiver in the home, while more than 13,000 children lost their only in-home caregiver (Treglia et al., 2022).
- Covid’s hidden loss falls heaviest on minority children. Non-White children lost caregiving adults up to nearly four times the rate of their White peers (Treglia et al., 2022).
- Seventy percent of caregiver loss affected those aged 13 and younger. Fifty percent of caregiver loss was among elementary and middle-school age children, and 20 percent was among those from birth through 4 years old. More than 29 percent of caregiver loss affected youth who were high school age (Treglia et al., 2022).
- According to a survey by the New York Life Foundation (New York Life Foundation, 2021):
  - Nearly two thirds of adults (64 percent) surveyed say the pandemic has greatly underscored the nation’s need for more bereavement support.
  - Covid-19 has been the catalyst for a larger conversation focused on grief: Half of adults (51 percent) say the pandemic has prompted them to have conversations with family and/or friends on death and loss; 54 percent of parents with school-age children say the same thing about conversations with their children.

- 78 percent of those who lost a loved one to Covid-19 say it was a traumatic experience.
- Because of the pandemic, nearly 7 in 10 parents (69 percent) agree that grief support should be a priority for schools.

### **The Impact of the Opioid Epidemic**

- Opioids contribute to almost 70 percent of drug overdose deaths (Wilson et al., 2020).
- In 2017, it was reported that 240,000 children have had a parent die from opioid overdose (Brundage and Levine, 2019).
- People who died of an overdose were most frequently between age 25 to 54 years and in their child-rearing years. Substance use in the household is considered an adverse childhood experience and is associated with health risks and disease in adulthood (Felitti et al., 1998.).
- Opioid overdoses continue to be a leading cause of death in the United States, annually claiming the lives of approximately 15 individuals per 100,000 (CDC, 2019).
- Many of the people who misuse opioids or die from opioid overdoses are parents (Feder et al., 2018).
- Children impacted by a loved one's death due to an overdose are more likely to experience higher degrees of stigma, guilt, shame and blame. Their grief is often complicated by the circumstances before and surrounding the death.
- Disenfranchised grief is defined as grief that is "insufficiently recognized by society." The stigma of addiction can make people place blame on the deceased and limit the compassion they extend to those left behind. For children, this can compound their own feelings of shame or anger and make them feel like they should hide their emotions (Valentine et al., 2016).

### **The Impact of Death in Our Schools** (see appendices D and E):

In two separate surveys completed by New York Life Foundation and the American Federation of Teachers (2012, 2020), respondents reported the following:

- When asked how many students each school year typically need their support due to the loss of a loved one, 87 percent of educators said at least one, and 25 percent said six or more.
- Over the course of their careers, 58 percent of teachers have experienced the death of a significant member of their school community; 50 percent have experienced the

death of a staff member; and significant numbers have experienced the death of a student due to an accident (44 percent) or an illness (42 percent).

- More than 2/3 of teachers “always” or “usually” see withdrawal, difficulty concentrating, absenteeism, and a decrease in academic performance in students who are grieving.
- Nearly 70 percent of teachers report having at least one grieving student currently in their classroom.
- Classroom teachers report that students who have lost a parent or guardian typically exhibit:
  - Difficulty concentrating in class (*observed by 87 percent of teachers*).
  - Withdrawal/disengagement and less class participation (*observed by 82 percent*).
  - Absenteeism (*observed by 72 percent*).
  - Decrease in quality of work (*observed by 68 percent*).
- At the time of the survey, 7 in 10 teachers (69 percent) had at least one student in their class (or classes) who had lost a parent, guardian, sibling, or close friend in the past year.

A further review of the research shows that it is common for children to experience academic challenges after the death of a family member or close friend. These may occur immediately after the death. They might also first appear weeks or even months later. Bereaved young children are more likely to be expelled from school, repeat a grade, less likely to be in gifted education programs and have a disability (Weaver, 2019).

In addition, typical challenges for grieving students include:

- Distractibility and difficulty concentrating.
- Limitations in learning and/or remembering new facts or concepts.
- Anxiety, sadness, and sleeping difficulties—all of which contribute to difficulty learning.
- Bereaved young children are more likely to be expelled from school, repeat a grade, less likely to be in gifted education programs and have a disability.

AN ACT

Amending the act of April 9, 1929 (P.L. 177, No. 175), entitled “An act providing for and reorganizing the conduct of the executive and administrative work of the Commonwealth by the Executive Department thereof and the administrative departments, boards, commissions, and officers thereof, including the boards of trustees of State Normal Schools, or Teachers Colleges; abolishing, creating, reorganizing or authorizing the reorganization of certain administrative departments, boards, and commissions; defining the powers and duties of the Governor and other executive and administrative officers, and of the several administrative departments, boards, commissions, and officers; fixing the salaries of the Governor, Lieutenant Governor, and certain other executive and administrative officers; providing for the appointment of certain administrative officers, and of all deputies and other assistants and employes in certain departments, boards, and commissions; providing for judicial administration; and prescribing the manner in which the number and compensation of the deputies and all other assistants and employes of certain departments, boards and commissions shall be determined,” providing for the Office of Child Advocate.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929, is amended by adding an article to read:

ARTICLE V-C.

OFFICE OF CHILD ADVOCATE

**Section 501-C. Definitions.**

The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

“Child health, safety and welfare programs.” The term includes services and programs designed to:

(i) Prevent neglect, abuse and exploitation of children and encourage reporting of suspected child abuse under 23 Pa.C.S. Ch. 63 (relating to child protective services).

(ii) Provide temporary, substitute care in foster family homes or residential child care facilities for a child in need of the care under Article VII of the act of June 13, 1967 (P.L. 31, No.

21), known as the Human Services Code and 67 Pa.C.S. Ch. 21 and 31 (relating to adoption opportunities; and family finding and kinship care).

(iii) Provide court-ordered care or supervision to alleged or adjudicated dependent or delinquent children under 42 Pa.C.S. § § 6301—6365 (relating to juvenile matters).

(iv) Provide mental health services, substance use disorder services, and childhood trauma and trauma-informed services.

(v) Provide early intervention services under the act of December 19, 1990 (P.L. 1372, No. 212), known as the Early Intervention Services System Act.

(vi) Perform child fatality and near fatality review under 23 Pa.C.S. Ch. 63 (relating to child protective services).

“County agency.” The county children and youth social service agency exercising the power and duties provided for in section 405 of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the Department of Human Services under Article IX of the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code.

“Department.” The Department of Health.

“Executive agency.” As defined in section 102 of the act of October 15, 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act.

“Executive Board.” The Executive Board of the Commonwealth established under section 204 of the act of April 9, 1929 (P. L. 177, No. 175), known as The Administrative Code of 1929.

“Local government.” —A county, county institution district, city, borough, incorporated town, township, or any similar, general or limited purpose unit of local government or any unit created by joint action of two or more local government units which is authorized to be created by law.

"Office." The Office of Child Advocate.

**Section 502-C. Office of Child Advocate.**

(a) Establishment. – There is established in the department a departmental administrative office known as the “Office of Child Advocate.” Except as otherwise provided in this article, the Office shall be subject to The Administrative Code of 1929.

(b) Appointment. – Within 90 days of the effective date of this section, the Governor shall appoint a Child Advocate. The Child Advocate shall be selected on the basis of integrity, capability for strong leadership and demonstrated ability in public administration, child advocacy and public policy issues impacting children. The Child Advocate shall serve a term of six years and until a successor is appointed. The Child Advocate may be reappointed for additional terms.

(c) Compensation. – Compensation for the Child Advocate shall be set by the Executive Board.

(d) Limitation.--The Child Advocate may not seek election nor accept appointment to any political office during tenure as the Child Advocate and for one year thereafter.

**Section 503-C. Powers and duties.**

(a) The Child Advocate shall have the power and duty to:

(1) Serve as a dedicated advocate for children by supporting and enhancing child health, safety and welfare programs. The Child Advocate, or the advocate’s authorized designee, may conduct unannounced and announced visits to licensed residential facilities for children. During these visits, the Child Advocate or the advocate’s authorized designee is authorized to interview staff and residents of the licensed residential facility. The Child Advocate shall provide written notification to the Department of Human Services of the unannounced and announced visit within 24 hours after the visit.

- (2) Serve as a resource to connect children and families with child health, safety and welfare programs.
- (3) Represent the health, safety and welfare interest of children before the General Assembly.
- (4) Receive and review complaints from the public, including receiving complaints from a minor child, relating to child health, safety and welfare program processes or procedures and, in the Child Advocate's discretion, make recommendations, referrals, or both, to the appropriate executive agency concerning the complaints.
- (5) Review and evaluate the effectiveness and efficiency of existing child health, safety and welfare programs complaint processes and to make recommendations for the improvement of these processes.
- (6) Notwithstanding any other provision of law, participate as a member of a child fatality or near fatality review team under 23 Pa.C.S. § 6365 (relating to services for prevention, investigation and treatment of child abuse). The Child Advocate may authorize a designee to participate in a child fatality or near fatality review team.
- (7) Coordinate educational, informational and other programs for public awareness and education concerning child maltreatment and the role of the community in strengthening families and keeping children safe.
- (8) Promote best practices and effective programs relating to child health, safety and welfare programs and to work collaboratively with executive agencies and county agencies, when appropriate, regarding improvement of child health, safety and welfare programs.
- (9) Consult with executive agencies and make recommendations on regulations, licensure, financing or any other responsibilities of the agencies to improve the safety of and promote

better outcomes for children and families receiving services in child health, safety and welfare programs in the Commonwealth.

(10) Request, access, and review information, records, or documents necessary for carrying out the duties and responsibility under this article from an executive agency or local government under Section 505-C (relating to access to information).

(b) The powers and duties of the Child Advocate under subsection (a) do not supplant, supersede or otherwise affect the powers, duties and responsibilities of the Department of Human Services or a county agency.

(c) Nothing in this article shall prohibit the Department of Human Services, a county agency or the Child Advocate from working in collaboration with each other.

**Section 504-C. Organization of office.**

(a) The Child Advocate shall employ staff as may be necessary to carry out the purposes of this act. Positions of the Office shall be placed under the unclassified service provisions of 71 Pa.C.S. Part III (relating to civil service).

(b) Upon request of the Child Advocate, the department shall make available facilities, administrative support and other assistance to the office.

(c) Legal counsel for the Office shall be appointed in accordance with the act of October 15, 1980 (P.L. 950, No. 164), known as the Commonwealth Attorneys Act.

**Section 505-C. Access to information.**

(a) Access. Notwithstanding any other provision of law, upon request of the Child Advocate, an executive agency or local government shall furnish information, records, or documents under a

child health, safety and welfare program to the Child Advocate, or an authorized designee as follows:

(1) *Information, records and documents generally.* An executive agency or local government shall furnish existing information, records or documents in its possession, custody or control within 10 days of the request. Nothing in this article shall be construed to require an executive agency or local government to create a record that does not currently exist.

(2) *Child protective services reports.* Access under this section includes access to child protective services reports specified under 23 Pa.C.S. § 6339 (relating to confidentiality of reports). An executive agency or local government shall furnish a child protective services report to the Child Advocate within 10 days of the Child Advocate's request.

(b) *Immunity.* Notwithstanding any other provision of law, no person providing requested materials under this section shall be held by reason of having provided such materials to have violated any criminal law, or to be civilly liable under any law, unless such materials are false and the person providing such materials knew or had reason to believe that such materials were false and was motivated by malice toward any person directly affected by such action.

**Section 506-C. Confidentiality.**

(a) Confidential, privileged or protected information, records or documents provided to the office under section 505-C (relating to access to information) shall remain confidential, privileged and protected and shall neither be discoverable or admissible as evidence in any action or proceeding nor subject to the act of February 14, 2008 (P.L. 6, No. 3), known as the Right-to-Know Law.

(b) Any information, records or documents that would otherwise be available from original sources may not be construed as immune from discovery or use in any action or proceeding merely because they were presented to the office.

**Section 507-C. Annual report.**

Beginning June 30, 2023, and each June 30 thereafter, the office shall issue an annual report to the General Assembly. The annual report shall be posted on the office's publicly accessible website and include, at a minimum, the following:

- (1) A summary regarding the type of matters handled by the office during the year.
- (2) Any recommendations concerning legislative amendments to improve the safety of and promote better outcomes for children and families receiving services in child health, safety and welfare programs in the Commonwealth.

Section 2. This act shall take effect immediately.