How to Talk to Children About Death, How They Respond, and How You Can Help

Talking to children about death is one of the most challenging conversations adults may face. Children process and respond to death differently than adults, as their understanding of death evolves with both age and developmental stage. This resource provides concise, practical information on how to approach these sensitive discussions, explains common ways children respond to loss, and offers guidance on how adults can best support children who are grieving.

Ages 2-4

CONCEPT OF DEATH: Children do not understand the permanency of death.

Common Responses	Ways to Help
Crying.	Create a consistent routine, especially around starting a day or ending one.
Sleep disruptions.	Provide tactile stimulation through holding, hugs, and skin-to-skin contact to convey safety.
Irritability.	Use short, true, and concrete explanations of death, “Your brother died. His body stopped working.”
Asking repeated questions.	Answer questions honestly.
Regressive behaviors, such as bed wetting, thumb sucking, baby talk, and requests for co-sleeping.	Offer physical and emotional support.
Emotional and behavioral reactions are common, including spurts of strong reactions or acting as if nothing has happened.	Avoid shaming responses to regressive behaviors. Say things like, “Everyone has a hard day. I’m here to support you.”
Children are most likely to express themselves through their behavior and play.	Provide consistent reassurance of the primary caregivers’ safety, the child’s safety, and other animals and people in a child’s life who are significant to them.
Children may ask questions like, “My sister died? Do you know when she will be home? Will you die too?”	

Ages 5-8

CONCEPT OF DEATH: Children may believe death is reversible.

Common Responses	Ways to Help
Sleep disruptions, including nightmares.	To the extent possible, keep the child's routine consistent.
Emotional and behavioral reactions are common, including spurts of strong reactions or acting as if nothing has happened.	Use concrete language when talking about death. "Your brother was hit by a car while crossing the road. He died at the hospital. They did everything they could to save him, but there were too many injuries, and he died."
Physical complaints (stomachaches, headaches).	Allow for questions and answer them honestly. Ensure you understand the question before answering. Don't provide additional details unless the child asks. They will ask when they're ready.
Regressive behaviors such as thumb sucking and bedwetting, particularly with 5- and 6-year-olds.	Offer choices whenever possible. It provides a sense of control and predictability. For example, "Do you want toast or cereal for breakfast?"
Sudden or increased difficulty concentrating or sitting still.	Provide opportunities for high-energy play (such as running, jumping, or dancing) and creative expression.
Children may feel responsible for the death and worry that their thoughts or wishes caused the person to die.	Support their developing emotional vocabulary, "Are you angry? Are you frustrated?"
Children may say things like, "It's my fault. I was mad and wished she had died."	Provide consistent reassurance of the primary caregivers' safety, the child's safety, and other animals and people in a child's life who are significant to them.
Children may have repetitive questions, such as "How did this person die? Why did they die? Will you die too? Will I die, too? Where did they go?"	

Ages 9-12

CONCEPT OF DEATH: Children begin to understand the permanence of death and think about how it will impact them. Children may understand that there are physical details associated with a death.

Common Responses	Ways to Help
Sleep disruptions, including nightmares.	To the extent possible, keep the child's routine consistent. Predictability can help, but be flexible.
Grades or academic performance may suffer.	Allow for questions and answer them honestly.
Heightened worries and concerns about the safety of loved ones or themselves. Difficulty being away from loved ones may arise, such as a reluctance to attend school.	Provide clear and honest information about the death, but do not overwhelm children with unnecessary graphic details. The depth of the information provided should be tailored to the child's questions, emotional state, and developmental level.
Detailed questions about death and dying, including details about the injuries to the body. Common questions include "How did they die? Why did they die? Where did they go?"	It is important to stress that they are not responsible for the death.
Physical complaints (stomachaches, headaches).	Use concrete language when talking about death.
Sudden or increased difficulty concentrating or sitting still.	Identify activities that facilitate a connection to peers in the community (such as clubs or sports).
Wide range of emotions: guilt, sadness, anger, fear, relief, confusion, etc.	Ask how or if they want to honor the life of the person they have lost. Listen to their ideas and seek to incorporate them into their lives.
Children may ask about the physical details associated with a death.	Offer choices whenever possible. It provides a sense of control and predictability. For example, "Do you want toast or cereal for breakfast?"
Children may think they caused the death, even if they do not tell you.	It is important for them to have permission to have a bad day. We all do.
Children may think things like, "I know they died of cancer, but what did the cancer do to their body to make them die?" or "It's my fault they died because I was mean to my sister."	Model how to express emotions and cope. They are watching and learning from you.
For some children, regret is common, and ruminations about past behavior may haunt them.	

Ages 13-18

CONCEPT OF DEATH: Teens know that death is permanent, but they also engage in magical thinking, such as believing the person is on a long trip. This is a normal way to cope; sometimes, even adults do the same.

Common Responses	Ways to Help
Turning to peers for support rather than family.	To the extent possible, keep the teen's routine consistent.
Grades may fall, and they may drop out. Going to school may seem pointless.	Be honest when answering questions, including saying that you "don't know the answer."
Sleep disruptions, including nightmares.	Seek opportunities to connect the teen to peer groups in the community (such as clubs, coaches, etc.). Adolescence is a time marked by the development of a sense of self and identity, although individuals are often still exploring who they are, including questioning their religious identity.
Heightened worries and concerns about the safety of loved ones or themselves. Difficulty being away from loved ones may arise, such as a reluctance to attend school.	Provide choices in life, but also in ways to acknowledge the importance of their relationship to the person who has died. "For your sister's birthday, should we celebrate? What should we do?" Remember, this could be having her sister's favorite meal, going to a concert for her favorite band, or taking a walk.
Pushing themselves to succeed, maybe even at superhuman levels.	Acknowledge their loss by asking open-ended questions, "What is it like for you?" Listen without judgment, interrupting, placating, or offering advice.
Physical complaints (stomachaches, headaches).	If teens ask, "Am I still a sister even though my brother died?" You might consider, "You will always be a sister, it is part of who you are."
Sudden or increased difficulty concentrating or sitting still.	It's helpful to listen and validate their concerns while also offering reassurance.
Stepping in to become a primary caregiver in the family.	Maintain routines and set clear expectations; predictability can help. But be flexible when needed.
Rejecting authority.	It's helpful to listen and validate their concerns, while also letting them know concerns you have if you see troubling behavior.
Unpredictable, severe emotional reactions.	
Rites of passage events such as school dances, getting a driver's license, and graduation may be met with sadness or melancholy or ambivalence.	
Numbing behaviors (such as drinking, sex, or using drugs).	
It is common to think, "I can't live up to my brother; he was the perfect child."	

When Children Are At Death Scenes

Remove the child from the death scene in as gentle a way as possible. Find (or be) a stabilizing adult until a trusted family member or legal guardian arrives.

- Speak with the child at their eye level, which may mean sitting on the ground or floor
- Acknowledge this is hard and may be scary
- Let them know, “I’m here to help and keep you safe.”
- Depending on the child’s age, you may provide some grounding with a touch on their shoulder, holding them, or holding their hand, but be aware that some children might not want to be touched
- Acknowledge it’s okay to cry (if they cry)
- Reflect the language they use for family members (i.e., a mother may be mommy, Mamita, Mee-maw, mom, etc.)
- Provide opportunities for expression through activities like coloring, bubbles (which helps to regulate breath), holding a stuffed animal, walking, running, or tossing a ball

Should children go to funerals or end-of-life gatherings?

- Children should be given an informed choice. If they are to attend the funeral, then it is important to describe what will happen at the funeral, memorial service, or celebration of life (e.g. the person will be in a casket, there will be photos of them, we will play their favorite music, your cousins will be there, etc.)
- It is important to let the child know if they need a break or need to leave; a pre-designated adult they trust will leave with them

About the Authors

Dougy Center

Dougy Center: The National Grief Center for Children & Families provides grief support to help children, teens, young adults, and their families before and after a death. Visit **dougy.org** for information, free resources, and more.

Evermore

Evermore is making the world a more livable place for all bereaved people by raising awareness, advancing bereavement science, and advocating for policy change. Visit **evermore.org** to learn more.

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