

# Helping Children Cope With Death

*For Caregivers of  
Grieving Children*



**MADD**  
VICTIM SERVICES

# **Helping Children Cope with Death**

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## Book Suggestions

### For Caregivers

*Talking About Death, A Dialogue Between Parent and Child*

Earl A. Grollman, 1990 - Beacon Press

*Explaining Death to Children*

Earl A. Grollman, 1967 - Random House

*On Children and Death*

Elizabeth Kubler-Ross, 1983 - Macmillan Publishing Company

*How Do We Tell the Children?*

Dan Schaefer & Christine Lyons, 1986 - Newmarket Press

### For Children

*I'll Miss You Mr. Hooper* - (young children)

Norman Stiles, 1984 - Random House

*Lifetimes* - (young children)

Bryan Mellanie & Robert Ingpen, 1983 - Bantam

*When Someone Very Special Dies* - (early elementary)

Marge Heegaard, 1988 - Woodland Press

*The Fall of Freddie The Leaf* - (elementary)

Leo Buscaglia, 1982 - Hold Rinehart Wilson

*Wings of the Morning* - (elementary)

Julia Cunningham, 1993 - Golden Age Books

*Geranium Morning* - (elementary)

E. Sandy Powell, 1990 - Carolrhoda Books

*A Sudden Silence* - (older children)

Eve Bunting, 1988 - Harcourt Brace Jovanovich Publishing

*How It Feels When a Parent Dies* - (older children)

Jill Krementz, 1991 - Alfred A. Knoph

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How do children experience the death of someone they love? Do they experience the sadness that adults feel? What can children understand about death?

These are common questions caretakers face when helping children face the death of a loved one. Successful grieving following an untimely and violent death is an extremely difficult task for adults and for children. Most difficult, perhaps, is coming to grips with the fact that danger and irresponsibility lurk in the world and it cannot be controlled. It would be nice to try to convince our children that life is fair and just, but that's just not true. Adults and children alike must recognize the fact that ugly and painful things do happen. It is impossible to live without hurting.

Even though they know living involves pain, loving caretakers don't want the children to hurt. They find it difficult to talk with children about death because they want to protect them from unnecessary pain. But an adult cannot experience grief over the death of someone close without the children sensing that something is wrong.

Young children view adults as all-powerful, all knowing beings, who can do anything. Adult "truths" become permanently etched in their minds. To tell children half-truths or fairy tales about death, in an effort to protect, may actually do them harm. Children in our culture are exposed to death regularly on television and in the movies, and will need continuing

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communication with adults to understand how this particular death is different.

Children, like adults, differ widely in their reactions to death. Telling a child about the death is the beginning rather than the end of a long process of sharing. Children have mental structures that differ from those of adults. Children are not miniature adults. They have their own distinct ways of determining reality and of viewing the world. Understanding how children at various ages perceive death may help caretakers to cope with this task.

Children's concepts of death are influenced by many things. Age, religious beliefs, cultural or ethnic values, and their relationship to the deceased person are important factors that affect their understanding of death. The reactions of surviving caretakers are the most important factor, however, in determining how children cope with death.

## **Infants and Toddlers**

Even infants can sense that something is wrong as they experience the grief of their primary caretaker. Although a death in the family other than that of the mother may generally affect an infant, the absence of the mother may cause a clear biological reaction. Even that, however, may be remedied in a short period of time if another

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primary caretaker is assigned immediately. Infants should not be passed from caretaker to caretaker.

An older infant will grieve for the lost relationship through anger, crying, searching, lack of appetite, and finally, quiet resignation. His grief is bound up in his complete dependence for life support and in his loss of security. He is just beginning to see himself as a separate person from the mother or major caretaker, and that separation can be frightening.

A child of two senses loss and suffers the feelings that go with loss, but she cannot comprehend what death is. The child will pick up on the grief and anxiety in her surroundings and will need significant touching and holding. Explanations of death, however, will not be understood. The child this young can only experience that someone is present or absent.

What one does is far more important to the child this young than what one says. Generally, a grieving infant or toddler needs large doses of tender loving care — holding, cuddling, and stroking.

## **Ages Four to Six**

Like infants and toddlers, children this age have a great need for physical nurturing and the security of knowing who will care for them. They are learning to express

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themselves orally but do so most effectively through play. Although significant events such as birthdays, holidays, and the first day of school are major milestones to young children, they tend to have a poor concept of time and space.

“Magical thinking” is an important characteristic of four to six-year-olds. A child may fly to the moon, fight monsters, and cook supper for a hundred guests in the course of a few minutes of play. A child in this age group is capable of a nearly endless variety of fantasies. However, most fantasies are based on something the child has actually seen or heard, even though it may have been misunderstood.

Bereaved children in this age group have a limited and literal understanding of death. Their thinking is very concrete. A child this age believes that if anything is active, it is alive. A wind-up toy seems alive when it moves, and the child may cry when it stops performing. A stuffed animal seems alive during play because it has assumed life-like characteristics. A limited concept of time added to a limited concept of death means that when a loved one dies, the child may expect the deceased to be alive again soon. A child may accept the news of the death in a matter-of-fact manner and may speak of the death or the deceased person in the same detached way he or she speaks of a playmate or pet. If the dead loved one was a parent or caretaker, the child’s primary worry will be about who will now take care



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of him. The child may cry because he is confused about disruptions in the household or the reactions of others, rather than the death itself. Abstract concepts such as “life after death” are beyond his thinking ability.

In an effort to understand what has happened, young children will ask all kinds of questions — sometimes quite alarming to adults. Questions children have asked include, “How will Daddy go the bathroom?” “Can we open our Christmas presents at the cemetery?” “When will Grandma come play with me again?” “How will Nathan know when it’s time to go to school?” No matter how appropriately the news of the death is handled, young children will continue to ask questions and make observations that will startle adult caretakers. Still, they require a response.

Children in this age group may engage in compulsive retelling of the traumatic event as they understand it in an effort to gain some mastery over it. They may unexpectedly blurt out to a caretaker or even a total stranger some aspect of the trauma like, “My Aunt Karen was killed by a drunk driver and my Mommy cries sometimes.” Although these statements can be quite unexpected, they offer a good opportunity to gently probe into the child’s feelings and discern the purpose of the announcement. It may be that the child only needed the sense of mastery that comes with verbalizing an event, or it is possible that

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there is some underlying feeling or question that needs to be addressed. For a child in this age range, death may be best explained in physical terms. Because thinking is very literal and bodily oriented, death may be best explained as follows: “His heart stopped beating and no one can make it start up again. Therefore, we won’t be seeing him move or talk any more. We will bury his body in the ground because he is not able to do or say anything any more.”

Children will often note the discrepancy between burial of the body and descriptions of “going away” or “going to Heaven.” While the young child probably can’t grasp the concept, you might address the distinction as “The part that we loved — the part that smiled, and laughed, and loved us — is the part that has gone to Heaven. The old, broken body is what is now in the ground. People may get new bodies when they get to Heaven.”

The brother and sister of a six-year-old boy were killed in a drunk driving crash. For months after, his parents or police would find the child lying on the highway trying to be hit so he could go be with his siblings. At six, the child still had difficulty separating fact from the mystical. His mind could have more easily accepted a description of how the crash caused his siblings to die and why their bodies had to be buried rather than the well-meaning but confusing presentation that his brother and sister now lived in Heaven.

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Only if the deceased person is significant to the child, such as parent, grandparent, or sibling, will the child feel extreme and long-lasting sadness for the loss. The sadness may relate to abandonment. The child may conclude that her loved one departed because she was bad. Her understanding of morality is generally that bad behaviors are punished and good behaviors are rewarded. It is helpful to point out over and over again that the loved one did not choose to leave and abandon the child, but that there was a specific cause of death.

To demonstrate their increased need to be cared for, bereaved children may regress back to previously mastered behaviors such as bed wetting and fear of separation. Young children will act out their fear and confusion through play and should not be discouraged from doing so. Caretakers can facilitate therapeutic play by sitting with the child as she plays with dolls, stuffed animals, puppets, toy cars, and doll houses. Sometimes monsters become concrete substitutes for death. Ask questions about the play and ask how various dolls or stuffed animals feel. Look for aggression in play and explore where the anger is focused.

Because of their very short attention span, young bereaved children will be unable to focus on their feelings for extended periods of time, especially feelings they cannot articulate. A bereaved child may ask questions about the death

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one minute then play quite happily the next. Caretakers must realize that periods of play do not mean the child has come to terms with the loss, but are expressions of that loss or respites from their feelings.

## **Ages Seven to Eleven**

Children ages seven to eleven are still primarily oriented to the family, although they have begun to relate to and gain self-identity from their peers. Play is still a mode of self-expression, although children this age also express themselves quite well orally, especially the primary feelings of mad, glad, and sad. They have begun to grasp more abstract concepts such as truth, time, space, and death, although magical thinking still plays a role.

Around the ages of seven or eight, the child attributes life to movement in nature, although not so much to inanimate objects like toys. A cloud is alive as it blows across the sky. Water is alive when it gurgles and runs in a stream.

Most commonly, seven or eight year olds become fearful of death because they realize for the first time that it is real. No matter who dies, they may feel devastated at the thought of losing a parent. Obviously, the death of a parent is extremely traumatic at this age. Some of their questions may indicate fears of their own death. Death

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is seen as an attacker who takes life.

Although able to accept the finality of death, many of the factors of early childhood still apply. It is important for children of this age to express their sadness, anger, fear, and guilt.

Because they now understand that people die, they may become interested in what happens after death. As they begin to relate to some of the mysteries of life, they are able to relate to some of the mysteries of death. However, they are not ready for many answers.

The child of this age is concerned not only about death as a concept, but about the "mechanisms" of death. He may ask questions about why the person died or seek information about who or what "caused" the death. He will then direct anger toward the someone or something that caused it. In the case of car crashes, it is best to help the child focus his anger on the person responsible so that he does not have to search for other acceptable causes. A child may not know what "drunk driver" means. Show him that only a half a can of beer would make him sick, dizzy, and unable to stand or walk straight if he drank it. Explain how beer and other drugs differ from milk or juice. Explain that it takes more to intoxicate an adult, then show him about how many cans the drunk driver had and explain how the driver's ability to see and drive were diminished by the alcohol or other drugs. A film from the library or

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your local MADD chapter may help. Focus on only one component of the crash at a time for young children. Following a discussion of the above is not a good time to talk about what happened to the victim's body.

Although most children this age can easily express glad, mad, and sad, their magical thinking may also lead to guilt feelings regarding their role in the death. Almost all children at sometime or another wish to eliminate their parents and siblings and may even dream of different ways to do it. The child in this age group may believe that his "death wish" actually caused the death! Even bereaved adults sometimes feel this way. But children are much more susceptible to guilt feelings than adults or adolescents, since children cannot call upon their intellectual resources to persuade themselves of their innocence. Free expression of grief should be encouraged, and children must be told over and over that they did not cause the death and that the dead person did not choose to die.

The child of this age may also fear that death is a punishment for improper behavior. He may fear that his naughty behavior has brought about the death of a loved one, and that he is likely to be punished for it. He may also believe that he or another loved one will be the next to die. Because the child simply cannot understand death in the intellectual level of adults, it is difficult to rid himself of feelings of anger, fear, and guilt.

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It is not unusual for a child in this age category to feel some shame regarding the death of a loved one. She likely feels very different from younger children and may resist questions that relate to the death such as, "What do your parents do for a living?" if a parent has died, or, "How many brothers and sisters do you have?," if a sibling has died. Shame and confusion overtake reality.

A more adult concept of life and death develops roughly between the ages of nine and eleven. At this developmental level, the child has learned that only people, plants, and animals live and die. He can now think abstractly, but still does not have clarity about meanings and values. He only knows that something has happened which cannot be explained or understood.

A child of this age is not only sensitive to his own feelings, but can now enter into the feelings of others. As a result, he is more understanding of what the loss may mean to others. In short, he is able to empathize. The child in the upper end of this range not only needs support and comfort, but can be a source of support and comfort for others. Opportunities to be helpful to others during the crisis can actually help the child deal with his own feelings.

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## **Adolescents (Ages twelve to sixteen)**

As girls tend to mature faster, they may be considered an early adolescent in the ten to twelve range, whereas boys arrive a year or two later. The adolescent is on the threshold of independence. She lives in an intense world of self discovery and is primarily concerned with life, identity, status, and peer pressure. She is tightly bonded with peers and begins to disengage from her family. She has developed adult-like concepts of attributing life appropriately but often faces her own social and emotional immaturity. According to child development experts, if the child experienced security and healthy development from birth to three, she is apt to make fairly untroubled movement into adolescence. If, however, the early years were fraught with uncertainty, conflict, and lack of trust, adolescence may be stormy.

The young adolescent often rejects his parents' standards. Therefore, when a parent dies, he may experience an extreme internalization of guilt. It is normal for a teen to be pulling away from home ties, but he feels guilty for having done so when a parent or sibling dies. The adolescent's school performance will likely reflect the stress and trauma that accompanies a sudden and violent death. While academic expectations should not be relaxed for the bereaved child, he may need extra tutoring,



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a less demanding schedule, or some other assistance from the school. Teachers and school officials should always be notified of a death within the family, regardless of the age of the child. School personnel are in a unique position to monitor the child's response to the death both academically and socially, and to offer special services as needed. Many school counselors are also trained to identify and respond to behavior problems in school that may be grief-related.

The mid-adolescent, fourteen through sixteen, has achieved a stronger self-identity. She does not accept her peers without question and has learned to compare their values with hers. She is not as self-centered as she may have been earlier, although she may still turn thoughts toward her own death as she is faced with the death of another.

Death is foreign to the emotionally healthy adolescent. It is something he simply does not want to think about. At best, most adolescents are insecure. Sometimes their self destructive behaviors, such as alcohol or drug abuse and playing chicken in an automobile, are means of saying, "I'm not afraid of death — I make a plaything of it." But the real meaning beneath it may be, "I'm so afraid of death that I am trying to control my fear and insecurity by making it a game." Moving fast and keeping the music loud can be an escape from having to face the fears.

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When met with the loss of an important relationship, the adolescent's self-centered values may cause her great fear, guilt, anxiety, and anger. She feels that no one has felt the deep and powerful feelings she now feels. No one has ever loved as she loves, or grieved as she grieves.

Adolescents have the capacity for empathy with other grievers, so their pain is doubled. They may express their rage by a general increase in aggressive behavior. They may also have intense revenge fantasies and must be helped to differentiate between thoughts, feelings, and behaviors. Adolescents should be told that while feelings simply exist, how one responds to those feelings can be right or wrong. Help the teen find appropriate ways to express anger and rage.

Because an adolescent forms more intimate relationships with her peers than with parents, it is advisable that networks or groups be made available for adolescents who have experienced the death of a loved one. The adolescent may respond well to another adult willing to listen and assume a surrogate parent role with her. While reluctant to participate with her own family in grief or support groups, she may respond well to a pastor, school counselor, or another adolescent who "understands." Caretakers of a grieving adolescent should not be discouraged if their teen reaches out to someone other than family. That is normal for this stage of development. Some

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kind of family intervention may be necessary, however, if the adolescent's response is destructive to the family unit.

## **Some Things Not To Do**

There are a number of explanations of death which, though well-intentioned, cause children to experience more confusion, doubt, guilt, and fear than understanding. These statements should be avoided.

1. "Your Daddy has gone away for a very long time." Without further explanation, the child will interpret such a statement as desertion. She will go on to view the desertion as punishment and react with strong feelings of guilt and resentment. She must know that the deceased has not chosen to go away.
2. "Mommy is now in Heaven". "Heaven" is difficult for a young child to understand when, in fact, the child knows that the body is buried in the cemetery. A child under the age of seven or eight will have a difficult time understanding the concept of Heaven. It is wisest to explain death in terms of a body's lack of ability to function.
3. "It was God's will". This statement can cause a child to be extremely angry at God and to question God's goodness and love just at the time when the child needs all the support possible. It is bet-

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- ter to explain that it was probably God's will for the loved one to live a full and happy life. However, someone was irresponsible and caused the death to happen before anyone else was ready.
4. "He died because he got sick". This seems like an acceptable explanation on the surface, and yet, without further explanation, the child may assume that everyone who gets sick dies. Therefore, the child may become extremely fearful of any kind of illness. Likewise, saying that "He went to the hospital and died," can make it easy for the child to conclude that hospitals make people die.
  5. "To die is to go to sleep". This is easy to say to a child without considering the repercussions. He or she is very likely to develop sleeping problems, fearful of his or her own death. A clear distinction should be made between sleep and death.
  6. "Let's send you for a visit with Aunt Susie." Sending the child off to be with other relatives or friends during the crisis makes her adjustment more difficult. It is best not to spare her the reality of what is going on. A parent should not deprive the child of learning that she can tolerate the experience — that she can experience a loss, be saddened by it, and still not "go under" because of it. However, children must be secure in the knowledge that they will be cared for. Therefore, the child might stay with

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someone else for a while if the primary caretaker is temporarily unable to communicate the message of security.

## **Suggestions For Helping Children Cope**

1. Respond to the child's feelings. Obviously the younger the child, the less ability he has to verbally express feelings. However, the caretaker should give the child plenty of attention and do a lot of touching, holding, and stroking to help the child feel secure. The child who is older and more verbal should be encouraged to talk about his feelings and fears. His grief and anger should be accepted. Anger might be acted out in physically appropriate ways such as punching a pillow, stuffing newspapers in a trash bag, or running outside. Ask the child how the activity felt. The best way for a child to become comfortable talking about his feelings is for the caretaker to be comfortable talking about his own feelings.
2. Reassure the child as she brings up fears. Many of her fears will be irrational, but perhaps they can be understood in terms of her development. Only as the caretaker understands the child's developmental level can he or she effectively address the child's

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- needs. Responses to fear should be direct, simple, and clear, accompanied by touching and holding. The child can usually accept explanations when she knows there is adequate support from the adult doing the explaining.
3. Spend time in play with the child under the age of ten. Children often communicate their deepest feelings through actions. It is best, therefore, to respond to their feelings with actions. After the first few weeks following the death, the caretaker should take time to sit down and play with the child, not guiding the play, but allowing the child to express whatever he or she wants through toys. Responses should affirm what the child is doing. "Your doll got angry when his Daddy left." "Your doll is crying in the bed. What is she sad about?"
  4. Understand the importance of missed events. If Dad had been teaching his son how to cast a line or how to pitch a tent, and then died, this may be the focus of much of the child's concern. It may seem that he is more upset over fishing and camping than over the loss of his father. This is not the case, but it is the way young children are more able to express loss. The child needs sympathy and support for the feelings and not criticism or rejection because of the manner in which they are expressed.
  5. While sharing as much of the family crisis as possible, do protect the child

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from witnessing an emotional collapse on the part of one on whom he depends. He can usually handle feelings of sorrow, loneliness, and anger, but to witness an emotional collapse will bring on unnecessary anxiety and insecurity. Ask the child how he feels about your sadness. This will help him with his own.

6. Help the child understand that physical death, in itself, does not hurt. The family is crying because they hurt inside. The sadness comes from the fact that a relationship that meant much to everyone has now been lost.
7. Allow the child old enough to sit still the opportunity to attend the funeral or memorial service. This confronts the child with the reality that death has occurred and helps her acknowledge her loss. A child of this age should be given time prior to the funeral to view the body and say goodbye in her own way. When allowed to do so, she will find her place as an important member of the group of mourners. The child should be given a detailed explanation of what to expect at the funeral. Perhaps she will want to visit for a time with the funeral home director who can answer her questions. Although the child should be encouraged to attend the funeral, she should never be forced. Likewise, the child should never be forced to kiss or touch the deceased, although it is perfectly all

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right if she wants to. The irrational fears some adults hold about funerals and the rituals surrounding death can often be traced back to a childhood incident when they were forced to touch or kiss the body of a deceased person. If the funeral has now passed, and children were not allowed to participate, it is not too late to remedy the situation. Ask a trusted clergy person or the funeral director to conduct a short, simple memorial service just for children. Invite all the children who might like to come. Perhaps hold it at the grave site and take a photo of the loved one who died. Ask for special memories to be shared. Be prepared to answer lots of questions.

8. Understand and accept if the child substitutes feelings he can handle for those he can't. He may giggle or laugh at things that are not funny. The wise caretaker will understand this behavior and not condemn the child for coping in the best way he knows how.
9. Allow the child to share experiences of memorial observances and visits to the cemetery. Going to the cemetery works against avoidance, denial, and repression of painful feelings. The sadness felt in that place may help the child move on through his grief. It may be important for children to take flowers, letters, or other gifts to the cemetery. They need concrete ways of expressing



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themselves. Also, don't be surprised if they play or run through the cemetery. Children can't maintain grieving over an extended period of time.

10. Don't be afraid of tears and don't be in a hurry to stop the flow of tears when they start. It is natural and normal for children to wash away grief with tears.
11. Talk about the death when the child wants to talk about it. There is little to be gained in answering questions that are not asked. Answers should be both honest and adequate for the question asked, depending on the child's development level. Like adults, children may experience a great deal of ambivalence about the finality of death. Children may insist that their loved one is alive or that the loved one was seen breathing or opening their eyes in the casket.
12. Encourage the child to write a goodbye letter to the deceased. If this is done prior to the burial and placed in the casket with the body, it will be most reassuring to the child. If this is not possible, encourage the child to write the letter anyway. It will help her be able to express feelings and thereby enable her grief process. It can still be taken to the cemetery and buried or placed with a flower arrangement.
13. Explore meaningful ways to memorialize the loved one. Children may want objects, clothing, or a photograph of

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- the loved one. Don't worry if children take these objects to bed with them.
14. Like you, children will be especially aware of the absent loved one around holidays and will want to find ways to include the deceased in the festivities. Young children especially mark time by the passage of holidays. You may not feel much like celebrating Passover or lighting fireworks but the maintenance of tradition is important. Nevertheless, even young children will understand that things have changed and may have some ideas of ways to do things differently if following family traditions will be too painful.
  15. Make up games that begin with "Remember when" or, "Do you remember" to facilitate expression of feelings.
  16. Reinforce the fact to young children that their loved one did not choose to die. In life, people are given choices, and some make bad choices, such as using alcohol or other drugs and then driving. These choices can hurt and kill other people. It is no one's fault except the person who made the bad choice.
  17. Remember that no matter how comfortable a child becomes with an age-appropriate explanation of the death, he will reprocess the experience and his feelings about it at each developmental level, even into adulthood. As a child matures, he will need additional infor-

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mation about the deceased and the circumstances surrounding the death. He will need additional time, space, and opportunity to grieve and grow.

Loss is a necessary component of living. Lessons in grieving and surviving are important gifts you can give the child in your life. Much of what the child learns about death and bereavement now will stay with him throughout his life. If you have questions or concerns, call a child bereavement center, your local MADD chapter, your child's guidance counselor at school, or a mental health professional. Many hospital social work departments can refer you to appropriate programs or professionals. The funeral director, local hospice, and clergy are also good resources.

## **Taking Care of the Caretaker**

Caring for a bereaved child is painful and time-consuming. Realize that you, too, are moving through various stages of grieving, just like the children. However, you will rarely be at the same place they are at the same time. Following are a few suggestions.

1. Write down the way you answered a child's question or explained death to him. If kept in a journal, you can later use it as a reference for future discussions.

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2. Explain your way of explaining the death to school personnel, extended family, and friends. This may be accomplished through a form letter. If they understand your philosophy, confusing messages to the child can be avoided.
  3. Encourage older children to make a photograph album of favorite photos or to keep a journal. This offers an opportunity for un-assisted grief work, although the children will want to discuss parts of these projects with you. Make an album for smaller children with notes they will appreciate later on (Preparing the album will enable *you* to grieve, too).
  4. Take care of yourself. Attend victim support groups, write your own journal, seek professional counseling for awhile. The best thing you can do for a bereaved child is to deal with your own bereavement in as healthy a way as possible. MADD may be able to assist you or suggest appropriate referrals.

## **Literature Available from MADD**

MADD literature may be downloaded from our website:

**www.madd.org**

One copy available at no charge.

**Victim Information  
Pamphlet\***

A Guide Through the  
Criminal Justice System

**How You Can Help  
General Support Brochure**

**Financial Recovery After  
a Drunk Driving Crash\***  
For Drunk Driving Crash  
Victims

**Someone You Know  
Drinks and Drives\***  
For Those Who Want to  
Prevent Drunk Driving

**Helping Children Cope  
With Death\***  
For Caregivers of Grieving  
Children

**Straight Talk About  
Death for Teenagers**  
For Grieving Teenagers

**We Hurt Too**  
For Adult Siblings of  
Someone Killed

**You're in Grief, You're  
Not Going Crazy\***  
For the Grieving

**Don't Call Me Lucky**  
For Those Injured by Drunk  
Drivers

**Closed Head Injury**  
A Common Complication of  
Vehicular Crashes

**Men and Mourning**  
A Man's Journey Through  
Grief

**Drunk Driving**  
An Unacknowledged Form of  
Child Endangerment

**Will It Always Feel This  
Way?**  
For The Parent Whose Child  
Has Been Killed

**Selecting a Civil Attorney**

**Monday Mourning**  
A Guide For The Workplace  
When An Employee Becomes  
a Crash Victim

\*Also Available in Spanish

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Total enclosed plus \$1.00 postage \$ \_\_\_\_\_

The following books are available from MADD for a charge:

     *No Time for Good Byes: Coping with Sorrow,  
Anger and Injustice After a Tragic Death,*

By Janice Harris Lord (\$9.00)

     *Beyond Sympathy: What to Say and Do for  
Someone Suffering an Injury, Illness or Loss,*

By Janice Harris Lord (\$9.00)

     *Injury: Learning to Live Again,*

By Dorothy Mercer (\$9.00)

     *Straight Talk About Death For Teenagers,*

By Earl Grollman (\$4.50)

     *Death At School (\$1.00)*

Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Total enclosed plus \$1.00 postage \$ \_\_\_\_\_

**Mail to:  
Mothers Against Drunk Driving  
Victim Services Department  
511 E. John Carpenter Freeway, Suite 700  
Irving, Texas 75062-8187  
800-GET-MADD**

**You Can Make a Difference**

**Get Involved in Stopping  
Drunk Driving.**

**PLEASE.**

I wanted to give you  
a card or something for  
you to have througout the  
years.

I love you so much but I  
know you know it. So  
say hi to Papa for me  
and tell him I love him  
very much. And that grandma  
Misses him, I can see it in  
her eye's.

I will be good in school  
and grow strong and smart,  
like you. The way you wanted.  
So take care, and say hi to  
god for me.

your loving son

Jeffrey









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