



SURVIVORS OF  
BEREAVEMENT  
BY SUICIDE

Support  
after a  
Suicide

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# WHAT CAN WE DO FOR YOU?

Suicide is not just the loss of one precious life. It devastates many, many other lives.

Our organisation exists to help the survivors of bereavement by suicide or self-inflicted death to support each other, at the time of the loss and in the months and years following. It is made up mainly of volunteers, nearly all of whom have themselves lost someone to suicide and can understand something of what you may be going through. We want you to know that you are not alone so we have used the words of survivors throughout this booklet; some of the testimonies from which the words were taken can be found in full on our website.

*“Only those of us who have experienced this terrible tragedy can truly understand. None of us needs to suffer alone; together we can help each other.”*

We offer safe places for you to express your feelings and experiences, and to seek advice. It is up to you to decide how much you want to share, in confidence, with others who can empathise with some of the feelings you have and who will not judge you. We offer:

- *A 9am – 9pm telephone helpline open every day of the year*
- *Meetings – self-help groups countrywide*
- *Annual support days and residential weekends*
- *A comprehensive web site*

Suicide recognises no social, ethnic or cultural boundaries – neither do we. Our helpline and groups are open to all survivors of bereavement by suicide aged 18 years and over.

*“I rang the helpline. It felt like I had been let out of prison – my own prison. I had found someone who truly understood my feelings and helped me feel normal again. I realised I wasn’t going mad after all.”*

# SUICIDE: THE EFFECT ON YOU<sup>1</sup>

A bereavement by suicide is different from any other kind of bereavement, bringing an intensity and range of emotions that may be unfamiliar, frightening and uncontrollable. The feelings of self-reproach, social isolation and abandonment can be overwhelming and the initial sense of shock is staggering. We struggle unceasingly with the usually unanswerable question *Why?* It is important to remember that you are not alone in what you are going through.

We all respond differently to any sort of bereavement and you may have to accept that not everyone will react in the same way as you do. The emotions you experience are a natural part of your unique journey.

## **Physical sensations**

You may experience some of the following physical sensations:

- Hollow or twisting pain in the stomach
- Tightness in the chest
- Tightness and pain in the throat
- Sensitivity to noise
- Breathlessness
- Disturbed sleep
- Poor concentration
- Lack of energy

*“... and then there was the exhaustion: mind numbing tiredness that seemed to be with me all the time.”*

Over the years these symptoms can lead to more serious physical health issues, so consult your doctor if they persist.

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<sup>1</sup> The majority of this section comes from *You are not Alone* by John Peters, with his permission

## **Emotional reactions**

You may experience disturbances in your thinking and behaviour, as well as the following emotions:

- Shock and disbelief
- Anguish, longing, and searching
- Anger, guilt, relief, and shame
- Fear and anxiety
- Despair, depression and sadness

## **Shock and disbelief**

These will often be the first reactions. In many cases we were not expecting the suicide or had little warning. We will probably feel dazed and numb, and may have nightmares. These are all normal results of shock.

*“My world fell apart when my gentle, beautiful, son died. The shock was immense. I cannot find the words to describe those moments... Nothing made sense.”*

We may also feel disorientated and out of touch with the world around us:

*“I walk down the street and nothing seems real, including myself”*

## **Anguish, longing and searching**

We often have a desperate longing, not only to see the person again but to sort out their problems for them and change the outcome. We may find ourselves searching for them, or even think we hear or see them. We find ourselves behaving in ways that seem strange to outside observers but which help us feel close to the person who has died.

## **Anger**

This is a common response to bereavement. We may be angry with *ourselves* because we feel that we should have realised there was a problem or acted differently. Anger with *others* often takes

the form of blame, and there is a danger of tormenting ourselves by pursuing this. We may feel angry with our loved one.

*“I feel so guilty when I get angry with you, and I do get angry with you. Angry for the way you make me feel. Angry for the way my life has changed since you died. Angry with you for leaving. Angry with you for so many things – none of which is truly your fault.”*

## **Guilt**

We may feel guilt about things we believe we could or should have done, or about our feelings towards the death. We are plagued by thoughts of ‘If only...’ Very often, it can be some time before we realise that the decision the person made was the result of many factors, and that the apparent reason for their decision was just the last in a long series of events.

## **Relief**

When the person who died had had a troubled or unhappy life, or had made repeated suicide attempts, it is common for relief to be mixed in with the other emotions we feel. It can be difficult for us to admit this to ourselves and, when we do, we may feel guilty about it. It is, however, a natural reaction. We are relieved not that the person’s life is over, but that (for example) constant threats of suicide or other destructive acts cannot happen again and that the person is no longer suffering.

*“It was only many years later that I learnt my private, guilty, sense of relief was an understandable reaction to the stresses of living with my mother and her subsequent death from an overdose.”*

## **Shame**

Some survivors feel ashamed because they feel that the suicide has branded them as, say, a bad sister or parent in the eyes of their community. The feeling of shame is often made worse by the stigma still attached to suicide, and may be intensified if we isolate ourselves from people we fear will blame us.

## **Fear and anxiety**

You are probably worrying about the welfare of other family members and may be terrified of the consequences for vulnerable relatives. How are you going to cope? And what kind of future are you going to have without the person who died?

## **Despair and depression**

Following a bereavement by suicide, the constant swings of emotion, the never-ending questioning, the physical pain and lack of sleep all have an effect. You may need to consult your doctor. The pain may be so intense that you find yourself having thoughts about taking your own life; but if you have these thoughts you *must* get help from a doctor. Don't delay.

## **Sadness**

This is one of the most common feelings. It is natural to cry, but it is also quite normal for some of us not to do this because we were brought up not to show our feelings. Men typically cry less than women – but that is not always the case.

*“There were days when I could feel myself going downhill with no brakes, and all I could do was shut myself in my bedroom and howl.”*

Grief also affects sexual feelings and this can become a source of conflict between partners and lead to a greater sense of isolation.

We are all different. If you have these physical or emotional feelings you should not be surprised. Equally if you do not experience some of these reactions, do not worry that you are not reacting in the ‘right’ way. There are no right or wrong ways – we all respond differently to a death by suicide. We each make our personal journey through bereavement.

## **Trauma**

Any suicide is traumatic for those close to the person who died. Whether you discovered or witnessed the death, or were told about it, you may have recurring nightmares and flashbacks. These are distressing, and can be symptoms of post-traumatic

stress, which has been described in the following way: *post traumatic stress disorder* (PTSD) is classed as an anxiety disorder. A person may develop this disorder after witnessing or experiencing a traumatic event, or events, of an extremely overwhelming nature, during which they felt intense horror, helplessness, or fear.”<sup>2</sup>

Anti-depressant medication is commonly prescribed by doctors as treatment for PTSD, but is often not what sufferers feel is appropriate to their needs. Traumatic stress may require professional intervention.

*“I am not depressed, I am bereaved”*

If you would prefer some kind of ‘talking’ therapy, it is important that you discuss this with your doctor. If necessary, ask for an extended appointment, take a relative or close friend with you as support, and request a referral for psychological therapy assessment – ask whether there are any self-referral processes that you can follow in your NHS area. Useful contact points are given below.

ASSIST Trauma Care: Specialist Therapy and Support  
01788 560800                      [www.traumatic-stress.freereserve.co.uk](http://www.traumatic-stress.freereserve.co.uk)

International Stress Management Association (UK)  
0117 969 7284                      [www.isma.org.uk](http://www.isma.org.uk)

Sudden Trauma Information Service Helpline  
0845 367 0998                      [www.stish.org](http://www.stish.org)

The South London and Maudsley NHS Foundation Trust offers a specialist consultation and treatment service for patients suffering from PTSD, which is accessible through GP referrals.

National professional (fee-charging) bodies practicing therapies that may help:

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<sup>2</sup> David Reeves, President of the National Register of Advanced Hypnotherapists. For full text of the article *Stress*, see our website.



National Register of Advanced Hypnotherapists  
01672 569379      [www.nrah.co.uk](http://www.nrah.co.uk)

Register of Trauma Specialists 08454 569537 (messages only)

## Reading that may help you

-  *Help is at Hand*: NHS publication (to request a copy, phone 0300 123 1022 or visit [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) and quote product code 302314 or keyword 'bereavement').
-  Cobain, B and Larch, J (1975) *Dying to be Free – A Healing Guide for Families after a Suicide*. Hazelden Information & Educational Services
-  Riches, G and Dawson, P (2000) *An Intimate Loneliness; Supporting Bereaved Parents and Siblings*. Open University Press
-  Schneidman, E (2001) *The Suicidal Mind*: Oxford University Press USA
-  Wertheimer, A. (2001) *A Special Scar. The Experiences of People Bereaved by Suicide*. 2<sup>nd</sup> edn. Hove: Brunner-Routledge.
-  Wolpert, L (2006) *Malignant Sadness: The Anatomy of Depression*. Faber and Faber<sup>3</sup>

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<sup>3</sup> Go to [www.uk-sobs.org.uk](http://www.uk-sobs.org.uk) for a survivor's review of this book

# SUICIDE: THE EFFECTS ON THE FAMILY

## General effects

There is no blueprint for how a family reacts and copes after suicide. Each member had a different relationship with the person who died, and we all grieve in our own way and at our own pace. However, the bereavement can bring a family together to share their pain and give each other comfort and support.

*“During that first week, it was as if we were in a cocoon, crying and talking together for hours and hours. We didn’t want the outside world – in a strange way, despite the pain, we felt safe and protected by each other.”*

On the other hand, there can be tension and conflict. Communication may be difficult because of family members’ fear of causing more hurt by talking about the suicide. The shock and trauma can also bring to the surface existing difficulties in family relationships, at a time when people are least able to handle them. Another scenario is where the family expects one person to be ‘strong’ for everyone else.

*“I resented my mother’s sisters for not coming to visit and support her during those first few months. I knew how much she needed them, but was unable to ask. They seemed to think it was enough that I was around, that I could manage it all.”*

Some people cope with their own pain by blaming another family member for the death, which can lead to rifts and a deep sense of hurt and isolation being added to the loss. Blame often comes out of pain at a time when everyone is probably blaming themselves in some way already.

*“My father told me it was my fault. I never got over that.”*

*“My mum blamed my dad – they nearly split up over it, and still don’t talk to each other much, even 15 years later. I think she has*

*never forgiven him and I was glad when I could finally leave home.”*

If someone grieves in a different way from you, it doesn't mean that they don't care. It can be especially difficult if you are able to express your grief in an openly emotional way while other family members focus on practical activities or shut themselves away. Comparing different reactions is likely to lead only to misunderstanding and more pain.

*“We were often beside ourselves with anxiety at my brother shutting himself in his room for days on end and being angry if anyone tried to get him to talk about his feelings.”*

## **Summary – things to remember**

- Remind yourself that we all grieve differently.
- Share your feelings with your family as much as you can.
- Get the support you need for your own grief – from outside the family if necessary.
- Try to be patient with others – and yourself, too.

## **The effects on individual members of the family**

### **Parents**

The death of a child is devastating; feelings of guilt are particularly strong because of a parent's role as protector. A parent can easily become preoccupied with ideas of how they failed their child, whatever the child's age.

*“It is difficult to know how anyone feels when they lose a child, especially when they choose to take their own life. You can never think anything like that can happen to you.” ... “The nightmare began, my world was falling apart. I felt pain like I have never felt before. It was an ordeal to do anything and the guilt was tearing me apart.”*

*“Guilt in spades .... we felt we had failed at what it was uniquely our job to do – protect our child and help him to sort out problems.”*

It is also not unusual to feel angry with your child because you feel he or she has rejected your care and support as a parent. This can be particularly difficult if you have made sacrifices, such as giving up a career, to focus your energies on raising your children.

*“Although we don’t expect thanks from our children, it makes it worse that the work and sacrifice has apparently all been for nothing – it wasn’t enough to help the person we did it for.”*

Some circumstances may complicate parents’ grieving: the loss of an only child may lead you to feel acutely the loss of a future that might have included grandchildren; if you lose an adult child, you may feel as if you are a secondary mourner to the child’s spouse or partner and your grandchildren. In this latter situation, it is perhaps all too easy to become the blamer, and wonder whether something in your child’s marriage/relationship led to the suicide.

- **Step–parents:** may have been closer to the child than the absent parent, but this may not be acknowledged. They can be left feeling they have no place in the family circle of mourners, even when they have been involved in the everyday care of the child. They can also feel particularly open to criticism by the absent parent.
- **When parents are separated or divorced** the parent not living with the child can feel excluded from the family mourning or even blamed in some way for the death.
- **Single parents** may feel that others are judging them over their child’s death, particularly if relatives do not approve of their life-style. They may have a particular need for support in coping with surviving children.

## **Widow(er)s and partners**

If you have lost a spouse or partner, you have lost the person you chose to spend your life with, whom you turned to for support in the bad times and with whom you enjoyed the good times. Their death has destroyed all your hopes and expectations but also – because it was by suicide – may cause strong feelings of rejection or of having had your trust betrayed.

*“I felt I was not good enough to stay alive with .....*”

The grieving process for this bereavement will nearly always involve your spouse’s or partner’s birth family, and it may be that their reactions leave you feeling blamed in whole or part for the suicide. It is not uncommon for the family even to voice their thoughts about where they think blame lies. Many people have had something like the following said (or implied) to them.

*“This wouldn’t have happened if (s)he hadn’t been with you ...”*

In addition to all the emotional reactions to your bereavement, you may also have considerable anxiety as a result of being left to cope with home, finances and family single-handedly. This becomes very difficult and complicated if your spouse or partner has left work or business problems behind them to be sorted out. (See the section on ‘Agencies and Organisations’ for suggestions on what to do.)

If you lose your wife, husband or partner for *any* reason you may have to cope with major life changes: for example, having to give up or change your job or move to a more affordable home – which perhaps involves having to uproot children from home, school and other supportive networks. Socially, your life can change too. Now, suddenly, in a world that seems full of couples, you may feel in a very different and isolated place in society. You have become ‘an individual marked by the stain of suicide’.

*“I discovered the sad truth that the world is made for couples, and I tended to avoid situations where I was single among a lot of couples.”*

Separation or divorce may not limit the grieving, because it does not necessarily mean that you had ceased to care deeply about the person who later died. Some dimensions of the pain may in fact be increased – for example, if you believe the separation was a contributory factor. Your grief is normal; but others may not understand this and assume that you are not deeply affected.

### **Brothers and sisters – of all ages**

When you lose a brother or sister, you lose someone who may have known you in a way no-one else did; someone you expected to be there for the rest of your life. And, as a parent feels, you may feel guilty that you did not do more and wonder whether you let your sibling down.

*“You were my sister and my very best friend; I should have been there for you.”*

Brothers and sisters often feel overlooked because people focus attention on the parents when talking to them. This is very hurtful.

*“I was completely devastated. But each time I went into the village everyone, without exception, asked me how my mum was, as if I had no feelings about it at all.”*

It is important to remember that suicide is a very difficult subject for most people to talk about, and so their way into the conversation may be tentative and indirect. An opening such as ‘How is your mum?’ may be easier than asking directly about the siblings themselves and as much as people can manage. However, it allows you to keep your feelings private if you want to; or, with the right people, to take the opportunity to talk about how you feel.

Twins in particular feel an extreme sense of loss. If you have lost an identical twin you may feel that a physical part of your own self

has died, which intensifies your loss and anguish – both emotional and physical. It is unlikely to be easy to find another identical twin to talk to who has been bereaved in the same way as yourself, so you may feel more keenly than people in other relationships that no-one anywhere understands what you are going through.

## **Losing a parent**

You may have lost a parent to suicide when you were a child or an adult; you may have been a child when it happened, but (because of the secrecy sometimes surrounding suicide) only found out the cause of your parent's death much later on. The effects on you are very complex and will vary in character and intensity according to the situation. You have probably had to deal, not only with your own grief and utter confusion, but with the grief and other emotions of a surviving parent who may have found it very difficult to give you the help that you needed. You may have seen this parent emotionally vulnerable for the first time, and this can be frightening.

Feelings of being abandoned and that the world has been turned upside-down can be especially strong. Particularly if the suicide occurred when you were a child, you may have had few opportunities to talk through how the death affected you and so may be left with feelings of guilt and damaged self-esteem that are never discussed or challenged.

*“It was the worst turning point of my whole life. I had no brothers or sisters and just felt so alone... I can easily go through life functioning as a normal adult doing the normal things in life, but the ultimate truth is that I will never get over the fact that my parents decided to commit suicide and leave me all alone.”*

*“I have worked hard to overcome my difficulties and the awful destroying belief that I was unlikeable and unlovable.”*

## **Grandparents**

Grandparents may be hidden grievers. Especially if you have been very involved with your grandchildren's up-bringing you may be

extremely close to them. You may react to the loss much as the parents would but find that this is not always recognised.

*“I can’t get over it. It was like losing my son.”*


### **Extended family members and friends**


If you fall into this category, you may be very deeply affected by the death but find that the family, not realising the depth of your feelings, looks to you for support and practical help. However, it can be enormously supportive to let them know how loved and appreciated their lost one was – so do share your memories and feelings with them when you feel the time is right.


*“I had guessed my cousin might have killed herself when she had been missing for three weeks. We had practically grown up together and I still find it impossible to talk about how much I miss her.”*


*“He had been part of the group for years. ... I knew each of us felt guilty for not having realised how low he was. His death was certainly a turning point in my life.” (Said of a friend)*


### **Reading that may help you**

 Bolton, I with Mitchell C (1991) *My Son ...My Son: A Guide to Healing after Death, Loss or Suicide*. Bolton Press Atlanta

 Linn–Gust, M *The Grief of Sibling Survivors*. Available on the web via a search for LegacyConnect The Grief of Sibling Survivors

 Rando, T *Adult Loss of a Sibling*. Available on the web via a search for LegacyConnect Adult Loss of a Sibling

 Fine, C (1997) *No Time to say Goodbye*. New York: Broadway Books.

 Lott, T (2009) *The Scent of Dried Roses*: Penguin Classics



## THE REACTIONS OF OTHERS

Death by suicide, even more than other types of bereavement, makes many people outside the immediate family uncomfortable and unsure how to react, even though they care and want to help. They may keep their distance for fear of saying the wrong thing and causing you more pain, or because they are afraid that they won't know how to cope if you become upset. Or perhaps, at a time when all you want is to be listened to and understood, you find yourself listening to stories about other people's past losses. This can just be people's way of showing they do really understand how you feel, but it can be hard to bear.

The sense of isolation is especially acute if you interpret others' reactions as uncaring or judgemental. For many people, there is still a stigma attached to suicide and you may find it difficult and painful coping with their reactions at a time when compassion is what you need most. Naturally, you want to protect yourself and your family; it is up to you to decide when you are able to deal with the situation and discuss your loss.

If the death took place in custody, it may attract a double stigma which makes talking about it very difficult indeed. You may have to work hard to make people understand your feelings of helplessness and grief. If you knew that your loved one was vulnerable, and you had concerns about the level of monitoring that would be done, it is natural to feel anger at what happened when you were not around to protect them. You may find it useful to read the Inquest Charitable Trust information referenced in the 'Agencies and Organisations' section of this booklet.

The situation can become more complex when the person who died, or the survivor, is lesbian, gay, bisexual, transsexual or transgendered (LGBT). Parents may feel particularly sensitive to the reactions and opinions of others, or fear that their, or their child's, sexuality will be thought of as a contributory factor in the death; partners may find themselves excluded from the funeral arrangements. If you are in the LGBT community you may fear, or

know, that prejudice against your lifestyle will cause these and other difficulties (for example, loss of belongings, home, children or pets). If you do not have support from family and friends we can offer this; or if you would like to talk to others in the wider LGBT community, see the 'Other Possible Sources of Help' list.

All societies have their own customs and beliefs about death (and specifically suicide). Following a bereavement, most of us take part in the mourning and faith-based rituals that are appropriate to our culture. It can be comforting to seek support from people who understand both your way of grieving and the specific cultural issues that affect your situation – believing that the people you are speaking to do not really understand will only compound your grief and make you feel more isolated. A person of authority in your faith organisation, or contacts in the list at the end of this booklet, may be helpful to you.

Finally, if you are a work colleague or professional who had contact with the person who has died, it is easy to think that you are just one of 'these others'. Working in a profession that supports clients who are emotionally vulnerable can raise issues of sudden bereavement for those involved, who may ask the "what if...?" question and mourn the loss. It is perhaps a misbelief that colleagues and practitioners can cope with the suicide. Anyone touched by suicide is a survivor and may need support, which can be found via the sources available to all:

- Your doctor
- A counselling organisation such as Cruse for one-to-one support
- A bereavement support or self-help organisation such as ourselves for group meetings and helpline support

## SUPPORTING CHILDREN

Breaking the news to children brings its own particular problems and fears. As parents in shock, the task can be made harder by your own grief and the fear that you will not say the right things or be unable to understand and meet your child's needs. You will usually be the best person to talk to your child, but sometimes a close family member can be a good choice to break the news initially.

When children are told that someone has decided to die, similar problems of comprehension arise as those for adults: questions that are asked when a death is 'natural' become even more difficult and painful to answer when death is by suicide, particularly 'How did it happen?' and 'Why?'. When survivors are young we are afraid we may be putting frightening ideas into their heads.

If the person who died was your son or daughter, you may also be worried that your surviving children are in danger of dying from suicide. This worry can lead to over-protectiveness (even when your surviving children are adult).

*"My younger daughter became so precious to me and I needed to know that she was OK all the time. I had to stop myself from restricting her. We did become closer as a result of our shared experience, but in a strange way our journeys were separate, different."*

### **Telling the truth**

Honesty is widely recognised to be the best approach. This does not mean giving children every detail, but gently giving them enough information, in language they understand to enable them to grasp what has happened and to ask the questions they need answers to. You need to choose your words carefully when describing to children what has happened. Usually, the message you want to convey is that the person thought that dying was the only path they could take, but that they were wrong and were not thinking straight because they were unwell. Use of words like

'chose to die' may imply to a child that death is a more pleasurable option than living; 'decided to die' may imply that the act was a rational one – when it often was not. 'Decided that the only thing they could do was die – but of course they were unwell/we don't agree with that because....' are possible forms to use.

Children need to know that they can trust us. It can be tempting to hide the truth, thinking this is kinder for the child, when in fact it is often just easier for us. But the truth can be very difficult to keep hidden and may be revealed by someone else in an insensitive or thoughtless way – possibly even in the playground. Also, secrecy makes it difficult to talk about the things you need to.

Fear of further loss can be a great worry for some children – that other family members will leave them. They need reassurance from someone they can trust; a lack of honesty will damage the confidence they have in you.

### **How much do I tell a child?**

Many young children deal with their grief in bursts and so may appear to recover quickly. However, they may have additional questions once they have absorbed what they have already been told. They need you to be patient and to help them deal with what has happened at their own pace, and hard as it may be, sometimes actually to create the opportunity for them to ask questions and talk about their fears.

Children often think it is something they have done that made someone decide they couldn't bear their life any longer. As adults, we must do all we can not to add to their worry by saying or implying that a child is somehow to blame. This is a terrible burden for a child to carry. For more detail on how to talk to children after a suicide, see the reading list at the end of the section.

### **How much will the child understand?**

Children as young as two often have some understanding of death, but up to the age of five do not usually understand the concept of 'gone forever'. They may expect the person who has died to come back sometime. The lengthening absence increases

the child's feeling of insecurity. At around ages five to nine, children may understand that death is forever, but struggle to understand that this can happen to them and their family. Between ages nine and eleven, it is likely that a child will understand the irreversibility of death and will try to cope with events – or give the appearance of coping.

### **Changes in a child's behaviour**

Children do not all react in the same way, but be prepared for some changes as they try to adapt to what has happened. They will feel many of the emotions and reactions that adults do, such as grief, anger, anxiety and guilt; but they are likely also to seek attention and security in a number of ways. For example, they may be clinging, or revert to more childish behaviours (such as baby speech or wetting the bed); hide or run away, behave aggressively, or copy the behaviours of the dead person. Be patient and do what you can to make children believe that they are safe even though something terrible has happened.

### **The funeral and viewing the body**

Once you know when the funeral will be, talk to your children about what will be happening. Let them choose what they do. Viewing the body or attending the funeral can be important to some children – it is their opportunity to acknowledge and accept the death – but they need to be told beforehand what to expect.

*“I wanted to see him to make his death seem real to me. And knowing my imagination, I thought that what I imagined might be much worse than what he actually looked like – what the rope had done to him and so on. I didn't want to be left with a terrible picture that wasn't real.”*

### **Returning to school**

At school, children may face a number of difficult situations. They will have trouble concentrating on school or home-work, and some topics may prove difficult to deal with. Worst of all, they may have to cope with thoughtless or malicious comments from other children, such as

*“Why don’t you do what your dad did?”*








We know of several cases where these words have been said, and the words can sometimes be backed up with press cuttings your child was not aware of. The effects of all this may be worse if you have not been truthful about what happened.

It helps to tell the school what has happened. Let your child know you have done this so that they know they don’t need to tell their teacher. Some schools have a teacher with special responsibility for dealing with bereaved children.

### **Summary – things to remember**

- Your honesty and availability are essential to the child.
- Children must know they can trust you.
- Prevarication can cause real problems both now and in the future.
- Are you protecting yourself or them? Focus on what the child needs to know, not on what you think you can bear to tell them.
- Information needs to be at the level children understand, in language appropriate to their age.
- If the child is old enough, he or she may want to make decisions about funeral attendance and so on.
- Don’t blame the children or let the children blame themselves for the death.
- The school needs to be informed; ask whether there is a teacher with special responsibility for bereavement.

## Reading that may help you

-  Cruse Bereavement Care leaflet. *Has someone died? Helping children*. Available from [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)
-  Dyregrov, A. (1991) *Grief in Children. A Handbook for Adults*. London: Jessica Kingsley Publishers.
-  Goldman, L. (2001) *Breaking the Silence. A Guide to Helping Children with Complicated Grief*. 2<sup>nd</sup> edn. Hove: Routledge.
-  Stokes, J A and Stubbs, D (2008) *Beyond the Rough Rock: Supporting a Child Who Has Been Bereaved Through Suicide* 2<sup>nd</sup> edn. Winston's Wish.
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## AGENCIES AND ORGANISATIONS<sup>4</sup>

### **Police**

The police have a responsibility for investigating the circumstances of the death and making a report to the coroner. Most officers try to handle these necessary inquiries with appropriate sensitivity and an awareness of the needs of the bereaved. However, there are occasions when this does not happen and an already painful situation is made far more difficult. If this is the case, a complaint can be made to the

Independent Police Complaints Commission (IPCC)  
68, Lombard Street  
London, EC3V 9LJ  
020 7868 2578

[www.ipcc.gov.uk](http://www.ipcc.gov.uk)

### **Coroners and Inquests; in Scotland, the Procurator Fiscal**

In England and Wales, an inquest is an enquiry into the circumstances of a sudden death. Although the coroner hears the evidence in a 'court', it is not a trial; but for many people, the fact that the hearing is a public event, from which the press cannot be excluded, means that this part of the legal process is very difficult.

It can be helpful to obtain information in advance of the event, to help prepare yourself and be aware of your right to formal representation. If you want to do this, see the following leaflets.

*A Guide to Coroners and Inquests* – search online in  
[www.direct.gov.uk](http://www.direct.gov.uk)

Inquest Charitable Trust  
Helpful information pack available  
020 7263 1111 [www.inquest.org.uk](http://www.inquest.org.uk)

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<sup>4</sup> Reproduced with adaptations from *Survival Strategies* by Trish Thomas, with her permission



In Scotland the Procurator Fiscal will investigate any death that may be by suicide. If the person was receiving psychiatric treatment at the time of their death, the Mental Welfare Commission for Scotland will also make its own inquiries. The police will investigate deaths in custody.

In some circumstances (such as a death in custody), the Procurator Fiscal may offer you a meeting. This will be an opportunity for you to raise any issues of concern.

You may not always know whether inquiries are taking place. The Scottish Association for Mental Health would like to know if you are experiencing any difficulties finding out about the inquiries going on, or if you are refused access to reports.

For further help, see:

*After a suicide* from the Scottish Association for Mental Health (SAMH)

0141 568 7000

Email:

[www.samh.org.uk](http://www.samh.org.uk)

[info@samh.org.uk](mailto:info@samh.org.uk)

Mental Welfare Commission for Scotland (MWC)

0131 222 6111

Email:

[www.mwscot.org.uk](http://www.mwscot.org.uk)

[enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

## **The media**

Of the many issues that have to be faced following a suicide, the one with perhaps the greatest potential for additional pain is dealing with media interest. While many members of the press try to fulfil their role in an empathetic way and provide the bereaved with opportunities for positive reporting about the person who has died, this is neither universal nor subject to legal constraint. Notably, children in the family, who would be prevented by law from being named if they were either the perpetrators or victims of crime, have no such protection in bereavement. For those who have seen their tragedy described in detail – sometimes

incorrectly or in sensationalised terms – the experience has added to their suffering.

*“One of the most devastating feelings at this time was linked to the reports in the press. The local papers printed the story and from that moment my private pain became public.”*

See our website for the full text of *Guidelines for dealing with the media*, which includes sample statements you can prepare and pass to the press. If you do not have access to a computer, contact our Helpline and ask for a paper copy.

Complaints: Press Complaints Commission  
1, Salisbury Square, London, EC4Y 8JB  
020 7353 3732 [www.pcc.org.uk](http://www.pcc.org.uk)

### **Debt and finances – banks and insurance companies, wills, tax, benefits, housing**

Coping with our emotions at the same time as dealing with the legal procedures is hard enough, but if you also have to cope with concerns about financial matters, then the additional worries may bring you to breaking point. They include:

- How will I pay the bills?
- How can I make sure we do not lose our home?
- Will the insurance company meet the life policy claim?
- Are there debts that I have to repay?

The immediate issue is to establish that you have sufficient money to live on and pay essential bills. It is also important that you do not pay any bills that no longer apply or pay any debts that are not yours – if in doubt seek professional advice, which can be obtained through:

National Association of Citizen’s Advice Bureaux  
020 7833 2181 [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

For advice regarding bereavement benefits, request Leaflet and Form BB1 from your Jobcentre Plus office or contact:

Department for Work and Pensions  
Benefit Advice line: 0845 608 8578

Widows and widowers should make their claims as soon as possible; late claims are backdated only for 13 weeks. Being in paid employment does not make you ineligible.

For advice relating to tax matters request Form IR45 from:

HM Revenue and Customs  
0845 900 0404

## HOW FRIENDS CAN HELP

It is difficult to know how to support people who are grieving. This is some guidance to help you do and say things that will be helpful.

- Visit your friend and ask what you can do to help. Be specific in offers of practical help – baby-sitting, making a meal, shopping, phoning, fixing things or cutting the grass. Just do what obviously needs to be done. Routine tasks will be neglected by those grieving, but may be a source of anxiety.
- Attend the funeral and any other occasion. Your presence with a hug or handshake will convey more than all the rehearsed remarks you could imagine.
- Keep your promises. Disappointment will destroy the very best of your good intentions.
- Be persistent, but thoughtful and patient. Your friends may find it hard to accept help, but as months pass they may need you more and more – not less and less.
- Listen without judging. Let them tell the same story over and over again – they will need to do this in their effort to understand what has happened.
- Do not assign blame. Let their words be your guide. They have the right to feel the way they do. Be reassuring and supportive.
- Avoid making inappropriate comments including “You have other children”, “You must forget about him”, “You’ll get married again”, “It was God’s will”. Such comments are hurtful.
- Try to avoid the term “committed suicide”. It has the connotation of a criminal act (like committed a burglary). Better ways of saying it are “he took his own life” or “she died by suicide”.
- Share positive memories. They may fill in gaps that the survivor wants to know about. You may be able to raise a smile with your stories – if you feel it is appropriate.
- Remember holidays and the anniversaries of important dates with a visit or a call. Suggest several things to do together and let your friend choose.

# THE WAY FORWARD

## **It will take time**

At first, and perhaps for some time after the death, we cannot think about the way forward because all our efforts go into surviving the event and dealing with the many practical problems it brings. Losing someone dear to us takes a long time to come to terms with whatever the manner of the death, but bereavement by suicide is known to involve a particularly difficult time of grieving.

People may expect us to recover within months, but the truth is that we rarely recover completely; rather, we adapt to a changed life. If we are lucky, we find our own way of coming to terms with what has happened and begin to live a different life from the one we expected to have. For some people, the second year may be worse (apart from the shock) than the first, and the third may not always be much better. Be prepared for this and don't think it means that you will always feel the pain this keenly. See what some survivors have written about their way forward, at different stages:

*“There is not a day goes by that I don't think about Malcolm. I cope by remembering the good times and keeping busy.”*

*“It has been four years since my daughter took her own life. I am no longer the person I was before she died. The journey has been slow and painful, long and lonely; and I still have much travelling yet to do. .... I still feel the pain of losing my lovely daughter. However, that pain no longer rules my life and I have found a way to live, carrying the pain with me.”*

*“When you feel like you've gone through the most unimaginable pain, and don't think you will ever get through it, this is proof that you can... Never let the guilt or the questions rule your life, they can eat away at you and it stops you moving forward.”*

*“It’s true that life will never be the same, but it is still possible to make it worthwhile and fulfilling in ways that you never thought of before.”*

Although it can be hard to believe, for some of us there can even be positive aspects to our new life:

*“I recognise that I would not be who I am today, with the achievements of my life to date, if my mother was still alive. Paradoxically, through her death, I have learned to live with my mother.”*

*“Have I got over my brother’s death? The answer is NO, I don’t think we ever do get over something like that, but we do move on – sometimes without even knowing it. I even feel we get life in a better perspective.”*

### **Seeking Support**

To begin with, it can feel that you will never control the pain of your loss. You may look for help through your faith or by reading; from family and friends; from professionals or others. Something that helps many survivors is being able to listen and talk to people who have been bereaved in a similar way. It can help you understand that many of the feelings and experiences you are having are, in fact, quite normal. A number of organisations, including ours, hold meetings to support those bereaved – the survivors, and these may help you. Here’s what one person said about a monthly Survivors of Bereavement by Suicide group meeting:

*“This is the only place where I can be myself and say the things I’m really thinking, and know people aren’t going to think I’m mad. When I’m with my family I have to put on a brave face for the children.”*

We offer more than monthly meetings. We also hold annual support days and residential weekends which give you longer to

relax and talk in smaller groups. Here is some feedback about these events:

*“Realising how many people just like us there are in our situation; ease of talking, unheard of for an introvert like me.”*

*“Not sure whether I really wanted to go throughout the journey up, worrying about a gloomy weekend. I found instead an incredibly joyful experience, with lots of affection and laughter and understanding.”*

*“Food and fellowship, laughs tinged with sadness.... The retreat can be a bloke thing!”*

### **Take care of your health**

It is so easy to neglect your own health in the aftermath of suicide. Even eating properly can seem an irrelevance and may be physically difficult, but it is important that you make yourself do this as soon as you can. You will feel even worse if your body becomes depleted of the nutrients it needs, and you will be more likely to become ill. We do become quite vulnerable to illness, partly because of the effect of stress on our immune system; so it is also vitally important that you consult your doctor if you have any cause for concern.

You will need all the help you can get; so make sure you seek it or ask others to do it for you. And remember that we are here if you need us.

**Remember you do not have to be alone**

## OTHER POSSIBLE SOURCES OF HELP

Bereaved Parents' Network: support for bereaved parents  
029 2081 0800 [www.careforthefamily.org.uk](http://www.careforthefamily.org.uk)

Child Bereavement Charity: support and information line  
01494 446648 [www.childbereavement.org.uk](http://www.childbereavement.org.uk)

Child Death Helpline: telephone support  
0800 282986 [www.childdeathhelpline.org.uk](http://www.childdeathhelpline.org.uk)

Compassionate Friends: support for parents and families are the death of a child of any age  
08451 232304 [www.tcf.org.uk](http://www.tcf.org.uk)

Cruse Bereavement Care: one-to-one support after a death  
08444 779400 [www.cruse.org.uk](http://www.cruse.org.uk)  
08088 081677 Young people's helpline

Cruse Bereavement Care Scotland  
01738 444178 [www.crusescotland.org.uk](http://www.crusescotland.org.uk)

Despair after Suicide: 24 hour helpline  
01772 760662 [www.supportline.org.uk](http://www.supportline.org.uk)

Farm Crisis Network: telephone helpline  
08453 679990 [www.farmcrisisnetwork.org.uk](http://www.farmcrisisnetwork.org.uk)

Gay and Lesbian Bereavement  
020 7403 5969 Mondays - Thursdays – 19.20 - 22.00

Grandparents' Association: helpline and advice service  
08454 349585 [www.grandparents-association.org.uk](http://www.grandparents-association.org.uk)

Lone parent helpline: advice service  
0800 0185026 [www.loneparenthelpline.info](http://www.loneparenthelpline.info)

National Association of Widows: support and advice for widows and widowers  
08458 382261 [www.nawidows.org.uk](http://www.nawidows.org.uk)



Papyrus: prevention of young suicide  
0800 068 4141      [www.papyrus-uk.org](http://www.papyrus-uk.org)

Parent Lifeline Helpline: telephone support  
0114 272 6575      [www.parentlife.org.uk](http://www.parentlife.org.uk)

Rural stress helpline: advice and support for those in rural areas  
0845 094 8286      [www.ruralstresshelpline.co.uk](http://www.ruralstresshelpline.co.uk)

Samaritans: 24 hour telephone support  
08457 909090      [www.samaritans.org](http://www.samaritans.org)

Sudden Death Support: 24 hour answer phone  
0118 988 8099      [www.patient.co.uk](http://www.patient.co.uk)

WAY Foundation: – help for widows and widowers aged 50 and younger  
08700 113450      [www.wayfoundation.org.uk](http://www.wayfoundation.org.uk)

Winston's Wish: Support for bereaved children and families  
08452 030405      [www.winstonswish.org.uk](http://www.winstonswish.org.uk)

In addition to the national organisations, there are a number of local suicide bereavement and other support groups. It is worth checking whether there is one near you.

There are also many local projects offering support to bereaved children and their families throughout the UK. For details of the one nearest you, see under 'Directory' at the Childhood Bereavement Network:  
[www.childhoodbereavementnetwork.org.uk](http://www.childhoodbereavementnetwork.org.uk)

**This page is for your own notes**

# Acknowledgements

The Trustees would like to acknowledge and thank the volunteers involved in producing this booklet, in particular:

Chris Blain, Bronwen Coyle, Karen Edgar,  
Bob Humphrey, Eric and Liz McKean, John Peters,  
Janet and Noel Taylor, Trish Thomas

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A big thank you also to The Freemasons' Grand Charity for the grant that has allowed us to develop and print this booklet



THE FREEMASONS'  
GRAND CHARITY



**SURVIVORS OF  
BEREAVEMENT  
BY SUICIDE**

The National Office  
The Flamsteed Centre,  
Albert Street,  
Ilkeston,  
Derbyshire  
DE7 5GU

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National Helpline: 0844 561 6855  
Deaf or hard of hearing: Minicom: 01925 826204  
Office telephone number: 0115 944 1117  
Office email: [sobs.admin@care4free.net](mailto:sobs.admin@care4free.net)  
Website: [www.uk-sobs.org.uk](http://www.uk-sobs.org.uk)

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