

**Facing The Issues: Grief And Mourning**  
*By Michael Durfee, M.D. Child Psychiatrist*

Five year old Jennifer saw her infant brother, Mikey, beaten by her mother's boyfriend. They shared a bedroom and after the beating it was quiet until late morning when their mother entered and began to scream. Jennifer was left with her grandmother after the police left.

Weeks later the body had been buried with Mikey's mother as the only witness. Almost no one spoke to Jennifer about Mikey except to reassure her that "everything will be O. K.". The child interview specialist at the county child abuse center only saw child sexual abuse victims

Jennifer's schoolteacher knows about the death but doesn't know how to find the caseworker or the grave and doesn't know if she should call the mother who used to visit Jennifer at school. The school staff talks about the case. Only the teacher talks to Jennifer who is generally withdrawn except for episodes of hitting herself.

No one speaks to the 12-year-old neighbor who used to baby-sit and hold Mikey for hours. A half sibling in another state is never told of the death. No one speaks to law enforcement or the fire department paramedic and hospital staff who tried to keep the battered infant alive. The cold blue infant body was eventually described as dead on arrival although hospital staff had continued intervention until a resident arrived to pronounce the baby officially dead.

Jennifer's mother and grandmother speak occasionally, mostly to argue about the mother's parenting and choice of men and the failure of the grandmother or other family members to help when Jennifer's mother had been beaten by her boyfriend.

Law enforcement and jail staff had spoken to the boyfriend as necessary, looking for a confession. The boyfriend told himself that he wanted to tell them how the baby crying made him mad and he didn't mean to kill the baby. The boyfriend's family told him to stay away so he moved in with a girlfriend with children who told him that she loved him and told herself that this time it would be different.

The homicide detective had no training in child abuse. Pictures of the dead baby were seen by many in the police department including clerical staff. One officer went home during the day to check on his new infant son. A high level of energy on the day of the arrest was followed by a strange quiet the next morning.

The medical examiner told a colleague "an autopsy is an autopsy". He found himself sleeping poorly that night and had trouble finalizing his report. Preparation of the boy at the funeral home had been problematic. It was hard to cover all of the bruises and the technician found herself crying. The minister had finished the services but forgot several bible passages.

The District Attorney had refused the case since law enforcement was unable to tie the death to the boyfriend. At home the prosecutor talked about the pictures and her anger with her work until her husband and children physically avoided her.

A reporter who covered the death quietly cursed her profession. Her editor put the story in a single paragraph. The paper had just covered a notorious child death in another state and didn't want too many stories on the same topic.

A mental health worker had two short interviews with Jennifer as part of the six months of court ordered family intervention. The counselor missed a comment Jennifer made about "the worms come eat you". The mother finished most of the parenting classes. The session o babies had made her sad. She hoped that no one had noticed her tears or the fact that she was pregnant again.

The child protective services supervisor reassured the worker that she was right to keep Jennifer away from the funeral although she was not sure if that was true. There was no protocol in the agency on how to manage deaths.

Jennifer was not referred to by name and became "the girl" with murdered baby brother". Case records were closed. The major follow-up was an investigation of another worker who had seen the mother and Jennifer at a women's shelter before Mikey was born. Questions about that contact were generally handled by senior staff and an attorney to make sure that there was no liability.

An elderly woman noticed the small headstone on a wedge of grass next to her deceased husband's grave. She kept the stone clean for a while and even brought flowers. No one visited the grave until Jennifer, aged 27, found the grave and cried with little control for several days.

Most survivors of fatal child abuse/neglect receive little intervention following such a death. Some sibling survivors may receive counseling for behavior problems. Few are allowed to express their understanding of death. Very few are followed for the first critical year. Many are ignored, even undetected.

Other child survivors are simply labeled Post Traumatic Stress Disorder, depressed, suicidal, dissociative pathology, psychosomatic disorder, or anxiety disorder as if their reaction is a disease and not a reasonable response to an unreasonable event. Infants and toddlers are dismissed as too young for intervention.

Some families receive support for the funeral, visiting the grave, and reactions that follow. Others are left alone with baby furniture, clothes, toys, and lost daily rituals of touching holding and listening to baby sounds. Friends, family and neighbors withdraw, not knowing what to do.

Almost no intervention is provided to professionals and volunteer service providers who are affected by such a death. An exception may be a Critical Incident Debriefing in one agency, or a supervisor who can balance the employees need for empathy and protection with the need to feel competent and to continue work. Peer support is generally only a concept, not a reality.

Few departments have protocols for arranging funerals or providing staff support. Professionals who share the same pain are seldom linked with each other and rarely attend the funeral, the wake, visit the grave, or attend the social gatherings that help people in mourning feel less alone. We are, however, beginning to learn. Los Angeles County had begun a monthly Grief and Mourning study group for professionals and advocates addressing fatal or severe family violence. Other similar forums are appearing nationally.

Professionals and volunteers who address grief and mourning are beginning to address family violence, homicide and child survivors. They are teaching us, for example, that children may benefit from funerals and an open casket to say goodbye and leave a gift. Pictures or a video of the funeral leave a visual history to be seen at a later date.

Children are damaged by half-truths and lies. Your local library or bookstore has rapidly growing collections of books on death and loss including children's books that address family violence. Some caretakers and therapists are using these books to help themselves and children understand. A few agencies have formal training and protocols for line staff.

We are learning to serve these survivors. We are learning to serve ourselves. The story of Mikey and Jennifer comes from many stories. We can change the ending. Groups of professionals, friends, family, and neighbors could have gathered for the funeral. Visitors could have come to leave flowers or notes including strangers touched by a larger story with pictures in the

newspaper. The school and the half sibling could be included. These children could have known of the death, tempered their fears and continued to have Jennifer in their life.

Professionals could be less damaged and learn to see each other as people to work with as peers rather than strangers. Mikey's birthday and anniversary could be times of acknowledged community grief rather than times for individuals to be lost and alone.

Mikey should not have died, but he did. We can ignore that loss or we can choose to face death and the sense of loss and pain that follows. With acceptance of the process of grief and mourning we may all find some sense of mastery and a fuller sense of life.