

Information & Support pack

*for those bereaved by suicide
or other sudden death*

VIC



Information & Support Pack: for those bereaved by suicide or other sudden death (VIC)

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1 On first being notified

1

Why are the police involved?

The police attend every sudden death. Often they will be in plain clothes instead of a uniform. They will need to ask questions and will talk with you, family members and friends in the next few weeks about the death. This will involve making a formal statement which assists the Coroner in making a determination about the nature and cause of the death.

Where will the body go?

Once the police attend the scene of the death they will arrange for the body to be taken to the mortuary. If the death occurred in Melbourne, the body will be taken to the Coronial Services Centre, (57 Kavanagh Street, Southbank 3006, Tel 9684 4380 or 1300 309 519 (24hrs)). If the death occurred outside Melbourne, the body may be taken to the regional hospital.

Apart from the visual identification arranged by police officers, viewing of the body is usually arranged with the funeral director.

What happens at a visual identification?

A family member may be asked to attend the mortuary with a police officer to formally identify the body. It is advisable to have a support person accompany you during and after the procedure. You can ask the police officer or the mortuary assistant to help you to prepare for the experience by sensitively describing what you are about to see. You can also request that a counsellor be present during the identification.

An identification form will be completed, giving the name, address, age and occupation of the person who has died, how long you have known them, and your relationship to them. You will then be taken to a viewing room. Once you have identified the person, you will be asked to sign a statement of identification. You may be able to view your relative or friend through a glass panel or upon request, in some circumstances, be in the same room for viewing or identification. Arrangements can be made for a contact viewing by contacting the State Coroner's Officer.

What happens in an autopsy?

It may be necessary to conduct an autopsy (or post mortem examination). This is an external and internal inspection of the body, which assists in finding the medical cause of death. The autopsy is conducted by a forensic pathologist, or a pathologist at the regional hospital.

The autopsy itself is done without unnecessary delay. It is possible that additional specialist tests may be required and these may take longer to complete.

The police will give you a brochure that outlines your rights about autopsies. You have the right to object to an autopsy but will need to have grounds for this. If you wish to object to the autopsy being performed, contact the Coroner's Office immediately on 1300 309 519 (24 hours).

The Coroner will write to the identified next of kin with the autopsy results as soon as they are available. However, the autopsy report is a technical document which is written using medical terms. If you do decide to get a copy of the autopsy report, it may be helpful to take it to your doctor and ask them to go through it with you.

Tell the police if you wish to be kept informed of the progress of the investigation and don't be afraid to contact them if you are concerned about any aspect. Alternatively, if you don't want to be involved, or if you wish to nominate another person as the point of contact, let the police officer know.

You may be contacted by the Donor Tissue Bank

Each person whose body is brought to the Coronial Services Centre is considered for suitability as a tissue donor. Transplant Coordinators from the Donor Tissue Bank of Victoria contact the family as soon as possible after the person has died because a donation of tissue needs to be made within 12–24 hours of the donor's death.

The Coroner's Office Counselling and Support Service

The Counselling & Support Service provides support for any person affected by a death coming to the attention of the Coroner. The service can be reached on 9684 4395 or 9684 4396 Monday to Friday, 9am-5pm. It offers a range of services including free short term counselling and referral to other agencies for ongoing support, assistance with understanding the Coroner's process, assistance for those required to identify the body of a loved one and assistance with the inquest process.

In the first 24 hours

- The person's body will be taken to the Coronial Services Centre if they died in Melbourne or to regional hospital if they died in the country.
- You should contact a funeral director of your choice. Tell them the Coroner is involved.
- The Coroner will decide whether an autopsy needs to be performed. If so, it will usually happen within 48 hours. If you want to object to an autopsy, contact the Coroner's Office immediately on 1300 309 519 (24 hrs). Written reasons will be required for the Coroner's consideration.
- If you are a family member, staff from the Donor Tissue Bank may contact you to ask if you will agree to tissue donation.
- The police or Coroner's Office may contact you to get more information about the circumstances of the death or the person's medical history.
- You may be asked to identify the person.

All sudden and unexpected deaths are reported to the Coroner for investigation in order for the nature and cause of death to be determined. If you have any questions at all about the Coronial process you can contact the Coroner's Office Counselling & Support Service.

The Counselling & Support Service can be reached on 9684 4395 or 9684 4396 Monday to Friday, 9am to 5pm. They can provide information on how the investigation is proceeding and identification. They can also offer free short-term counselling and a range of other supportive services.

Deaths in Melbourne

A death reported to the coroner in Melbourne is dealt with by:

The Coronial Services Centre

57 Kavanagh Street, Southbank 3006

9684 4380 or 1300 309 519 (24 hrs)

The Centre includes:

- the State Coroner's Office (investigations, court hearings, bereavement support)
- the State Coroner's Assistants' Office (police assisting the coroner)
- the Victorian Institute of Forensic Medicine (autopsies, medical tests)
- the Donor Tissue Bank of Victoria.

Deaths in country Victoria

When a death that must be reported to the coroner occurs in the country, the investigation, will usually be dealt with by a Coroner. For information, ring the Magistrates Court registrar. Court numbers are listed under Justice Department in the telephone book.

The Coroner's responsibility

The Coroner is usually a magistrate (who is a lawyer). Under the Coroners Act 1985, when a death is reported, the Coroner's job is to find out:

- the identity of the deceased
- how death occurred
- the cause of death
- the particulars needed to register the death.

This may involve the conduct of an autopsy usually by a pathologist at the local hospital or at the Coronial Services Centre in Melbourne.

In some cases the Coroner may comment and make recommendations about public health or safety, or the administration of justice to help prevent similar deaths happening. There does not have to be anything suspicious about the death for the Coroner to be involved.

Making funeral arrangements and release of body

You may contact a funeral director as soon as the person has died, without waiting for the coroner to release the body. As soon as an identification and autopsy have been done, the person's body will be released to your funeral director (usually within 48 hours). Once you have engaged a funeral director, they will contact the Coroner's staff on your behalf to make the necessary arrangements. The Coroner's staff can't recommend a particular funeral director but there is a list in the Yellow Pages of the telephone directory. You are not obliged to use the funeral director who transported the person's body for the coroner after death.

What the investigation involves

It is up to the Coroner to decide what investigation is necessary in each case. This can involve:

- A review of the person's medical history and the circumstances of the death.
- An autopsy and pathology tests.
- Specialist reports from experts and external investigators, such as the police, doctors, emergency services, air safety officers etc, as well as statements from witnesses.
- An inquest. This is a court hearing to test all the evidence relating to the person's death. Only a small number of investigations result in an inquest.

At the end of the investigation

If the Coroner finishes the investigation and decides there is no need for an inquest, the family contact and interested parties will receive a letter telling them that the case is ready to be finalised. They can then have further input into the investigation or request the Coroner to hold an inquest, before the case is closed.

If an inquest is going to be held

The contact family member and anyone listed on the file as an interested party will be notified well in advance of the date, place and time of the inquest by letter.

Coroner's finding

At the end of the investigation the Coroner will write a report (known as a 'finding'). This can vary from a single page, to hundreds of pages in a case involving an inquest. Note that the coroner's finding is a different document from the autopsy report.

Getting a Death Certificate

Once the medical cause of death is ascertained and the body is released to the funeral director, the Coroner's Office passes information on to the Registry of Births, Deaths and Marriages so that the death can be registered. The Registry is responsible for issuing an official Death Certificate, which is needed for settling the person's estate. You can check with the Registry as to how long this will take (telephone 9613 5839). Many funeral directors include the cost of a full Death Certificate in the funeral expenses – if so, you will receive the certificate in the mail automatically. Otherwise, the Registry of Births, Deaths and Marriages will send an extract of the certificate to the next-of-kin and if you want the full certificate you will have to pay a fee.

Access to information

Once the inquest is finished and the case closed, the file remains a public document. Interested parties can get access to the file at a later stage. They can also get a copy of the transcript of the inquest – this is a recording of all the evidence. You may have to pay a photocopying fee for the transcript.

Legal Advice

If you want a lawyer to represent you at an inquest or other court hearing, you will usually have to pay for a private solicitor – the Law Institute has a referral service to help you find a lawyer experienced in your problem. You can obtain free legal advice (but not usually representation) from Victoria Legal Aid or a community legal centre. The telephone numbers for all these organisations are listed below.

Financial assistance

Depending on your circumstances and your relationship to the person who died, you may be eligible to receive Government financial assistance. Payments include Bereavement Allowance, Pension Bonus Bereavement Payment, Widow Allowance, Parenting Payment, Newstart Allowance and Youth Allowance. Contact Centrelink on 13 2850 to find out if you are eligible. You can obtain from Centrelink the document *Needing help after someone has died?* which outlines the assistance available, or download it from www.centrelink.gov.au.

Useful Contact Numbers

State Coroner's Office (24 hr service)	9684 4380 or 1300 309 519
TTY (hearing impaired).....	9684 4332
Translating and Interpreting Service (TIS)	13 14 50
Coroner's Office Counselling & Support Service	9684 4395 or 9684 4396
Donor Tissue Bank of Victoria	9684 4444
Victoria Legal Aid	9269 0120 or 1800 677 402
Victorian Institute of Forensic Medicine	9684 4444
Victorian Aboriginal Legal Services (24 hr service)	9419 3888 or 1800 064 865
Federation of Community Legal Centres	
<i>(for referral to the closest centre)</i>	9654 2204
Law Institute	
<i>(for referral to a private solicitor)</i>	9607 9550
Registrar of Births, Deaths and Marriages	9613 5839 or 9603 5856
Centrelink	13 2850

Should I tell people it was suicide?

Some people find it difficult to tell others about the cause of death and choose not to do so. Initially this may be easier. However, it may result in experiencing a sense of unease in your relationships with others and may lead to a lack of support.

It is helpful to be honest. Telling the story over and over again can be healing. If you avoid the truth it will take extra energy and worry to maintain the lie and this will complicate the grief process.

It is also important to be honest when telling children about the death. For a detailed discussion of talking with children about a suicide death see the section in this pack on *Helping children with grief*.

What do I say when people ask me about the suicide?

It can be helpful to work out ahead of time what to say to people. You may want to share more with some people than others. If you don't want to discuss it at that time, let them know. You can say something like "I don't want to go into that at the moment." It may be better not to discuss the method in too much detail. Some people are more vulnerable and may be influenced by this.

What do I say when people ask me how many people are in the family?

This may be an awkward question for you. Your loved one will always be part of your life but it may be that you don't want to invite further questions. 'Do I include the person who has died or am I denying their existence if I don't include them?' Say whatever you are comfortable with. This may depend on who is asking the question and their reasons for it. It may also depend on how you are feeling that day.

Who should I notify?

There are a number of people and organisations you may need to notify about the death. These include schools, banks and clubs. Over the page is a list of some common organisations to which people regularly belong. Some of these will be relevant, some won't. Use this list as a starting point but you may need to have a look through the paperwork of your family member for more specific organisations.

It may be easiest to notify some of these organisations in writing. Over the page is an example of a letter you can photocopy and use to do this.

Organisations to Notify

Organisation	Contact Details	Account/Reference details	Notified
Accountant			
Australian Taxation Office	13 2861		
Banks, credit unions			
Centrelink	13 2300		
Child Support Agency	13 1272		
Clubs			
Credit card/hire purchase			
Department of Veteran's Affairs	13 3254		
Doctor			
Australian Electoral Commission	13 2326		
Employer/s			
Executor of will			
Foreign pension authority			
Insurance companies			
Local council			
Medicare	13 2011		
Private health fund			
Property manager/ landlord/ mortgage company			
Public library			
School/TAFE/University			
Solicitor			
Superannuation fund			
Vehicle registration/licensing authority			
Utilities (eg gas, electricity, water, phone, mobile phone)			

Adapted from Centrelink (2009) *Needing help after someone has died?* Available from Centrelink or online at www.centrelink.gov.au

TO WHOM IT MAY CONCERN

I wish to notify you of the death of:

Mr/Mrs/Miss/Ms _____
Surname

Given Names

Date of Birth:

Street name and number

Suburb

State Postcode

Date of Death: _____ / _____ / _____

I understand that the above had dealings with your organisation.

The reference number/membership number/client number for your organisation was

Please amend your records.

If you need any further information, my name is _____

and my phone number is _____

Street name and number

Suburb

State Postcode

Relationship to the deceased

Signature

Date: _____ / _____ / _____

4 Helping children with grief

Children will be faced with many losses in their lives. It is a common instinct for parents and other carers to want to protect children from the pain of grief. However it is important for children to learn how to grieve and to be given the opportunity to grieve. Children will learn about grieving from the adults in their life.

"If you are showing your child that it's OK to talk about and show feelings then they will take your lead." (1)

Children experience the same feelings as adults but tend to express their grief differently:

- Grief for children is not constant, but comes in bursts. It is not unusual to explain a death to a child and find that they do not seem affected by it, or they want to go out and play. This does not mean they do not feel the pain of the loss.
- Younger children especially may ask the same questions many times. You may have to tell the story over and over again. As children get older they will grieve again. The loss will mean different things to them at different stages.
- Often children express their feelings through behavior and play.

Children may react to a loss and show their grief in many different ways as shown below. These are normal ways for children to work through their grief. However where these behaviours become too repetitive or last a long time, it may be helpful to seek professional advice.

Behaviour Playing the same thing over and over Crying or giggling without obvious reason Playing out the loss with toys Anger or aggression to friends, parents or toys Temper tantrums Copying behaviours of the deceased Acting like a younger child Acting more like an adult Running away, not wanting to go to school Problems with school work	Physical Pains such as stomach aches or headaches Sleeping problems, bad dreams Eating problems Being clumsy Not being able to concentrate for long
	Emotional Easily upset Low self esteem Clingy

Talking to children about a suicide death: (1)

It is important to be honest with your children about a suicide in the family. Children need to know the truth within their ability to understand. Children's understanding of death and suicide will vary depending on their age and maturity.

"Parents often express great relief that they have spoken to their children about suicide. Often the secret of suicide and trying to cover up the facts adds further stress to the family coping. Many of the fears that caregivers have about causing greater distress for their children are not realised, as most children, even very young children, take the news in a very matter of fact way." (1)

- Be honest and consistent.
- Ask your child what death means. Explain it to them and be sure they understand.
- Explain in small steps. Don't overwhelm your child with details.
- Use simple language to explain suicide. Children are not always aware of the word suicide although they may understand the concept. Use other words as well such as 'suicide is when someone makes their body stop working.'

- Avoid explanations such as 'he's gone to sleep.' Children take things very literally. They may start to fear going to sleep.
- Answer questions as they come up. Don't feel you have to have all the answers, if you don't know, say so. If you're unsure what your child means by a question, ask them to be more specific.
- Unless there are very good reasons for not saying this, it is wise to emphasise that suicide is a not a good idea because there are always other ways to solve problems.
- Children may believe that because they have thought or said something, they have contributed to the death. Reassure your children that they are not responsible.
- Children often believe that the pain and hurt will last forever. Reassure them the process will take time but that they will feel better.
- Accept their feelings and share your own.
- Remember no two children grieve in the same way. Ask your children questions to help you understand how they are feeling.

The following is an example of a parent talking to their child about a suicide. This way of explaining fits with what children have said they prefer and understand.

... "I have something to tell you. This morning we got some bad news... your Uncle Jeff has died... he killed himself. This means that he made his body stop working. Do you understand what that means?"...

"It seems he was very unhappy and he didn't know how to talk to anyone about how bad he felt. Sometimes people can't find a way out of their problems and that's why it's important to remember that there is always someone that you can talk to about your worries. We would have liked to have helped Uncle Jeff but his suicide has stopped us from doing that. It's important that you know that Uncle Jeff loved you and it wasn't anything you did that made him feel so bad ... The next few days are going to be sad for everyone, just remember that you can ask questions and talk about Uncle Jeff whenever you want to." (1)

If you have already told your child a different story about what happened it is not too late to change this. Tell your child the truth and explain that sometimes adults find it hard to tell their children about death.

How you can help your children with their grief

At school

- Advise the school of the death.
- When your child returns to school, talk to the teacher and the school counsellor. Discuss any potential problems such as making gifts for Mothers Day or Fathers Day. They will be able to help you monitor how your child is managing.
- Practise with your child what they can say to their friends and teachers.

"Many children are more distressed by not knowing the words to say than by the content of what they have to say."(2)

- Remember to involve other people who may be able to help, for example relatives, teacher or school counsellor. Sometimes children, like adults, find it easier to talk to someone outside the family.

At Home

- Maintain routines and expectations such as bedtime, homework and sporting activities. This gives children a sense of consistency and security.
- Birthdays or special occasions may stir up feelings and memories. Include children in the planning of these events.
- Encourage your children to play with friends. Their friends can be an important support.
- Play with your children. Spend some time together doing activities.
- Let your children see your grief. They will learn about grieving from you.
- Don't compare your children or their behaviour to the person who died.
- Seek professional help if you have any questions or concerns.

In helping children to understand and cope with death remember the following principles:

Be truthful, be consistent, be loving and be accepting.

Some suggested activities to do with young children (3)

- Create a memory box. Put mementoes of your loved one into a special box and look at them anytime. Draw or write about what you might collect to put in your memory box.
- Look at pictures of past good times.
- Read together. Books can encourage understanding and discussion. Two suggestions are: *What on Earth Do You Do When Someone Dies?* Trevor Romain, free spirit publishing. ISBN 1-57542-055-4, available in public libraries. *Bart Speaks Out, Breaking the Silence on Suicide: An interactive Story for children.* Linda Goldman. ISBN 1-55950-521, available in public libraries. .
- Use a toy phone to talk about what happened.
- Use clay to show your thoughts. Pound it if you are angry.
- Draw or paint to show how you feel. You can make a 'feelings' book. Include some things that make you feel safe or loved. Put the date on each page to show how your feelings change as time goes on.
- Act out what happened or how you feel with puppets or dolls.
- Buy a helium balloon. Take it with you to a park or pretty place. Let go of your sad feelings as you let go of the balloon. Watch it float away with your sad feelings.
- Computer programs are useful for story writing.

References:

1 Noonan, K. & Douglas A. (2001). *Supporting Children after Suicide - Information for parents and other caregivers.* NSW

2 Dunne, E. & Wilbur, M.M. (1999). *Survivors of Suicide: Coping with the Suicide of a Loved One.* Lifeline Melbourne and The Victorian State Coroners Office.

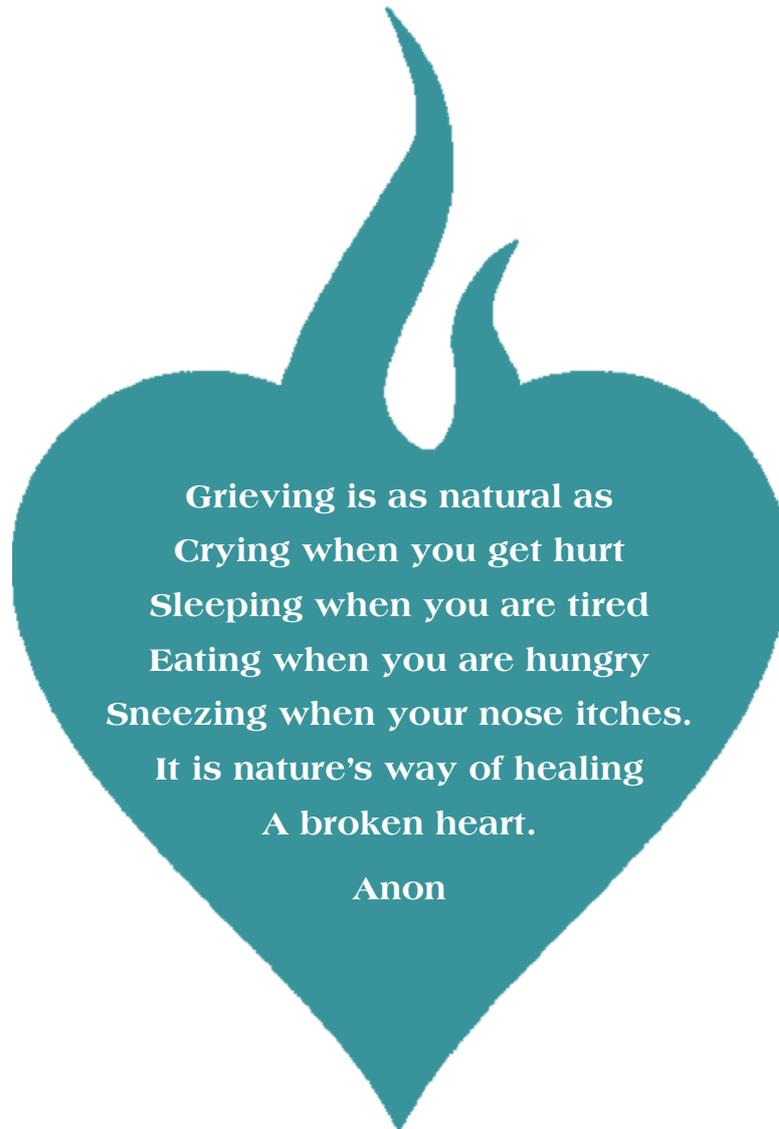
3 Adapted from: Silverman, J., (1999). *Help Me Say Goodbye.* Minneapolis: Fairview Press. ISBN 1 57749 085 1

This material has been adapted from a number of sources including the above references, particularly reference 1

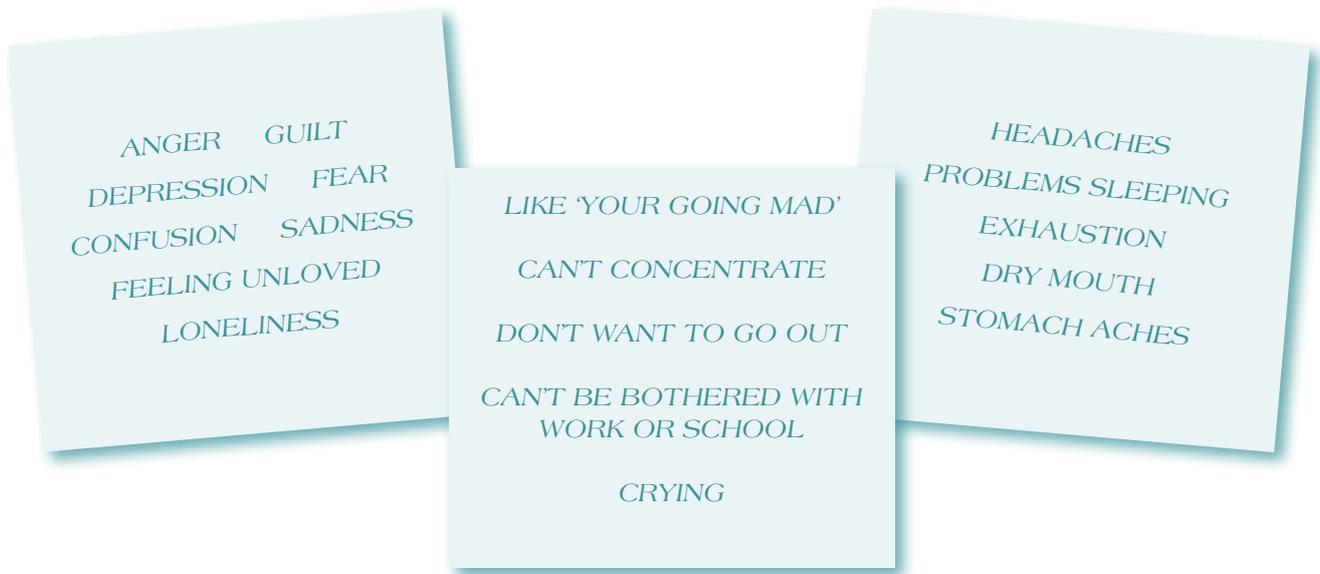
5 For teenagers

5

It hurts when someone you love or someone who was important to you dies. The loss and hurt leave you grieving. When you are grieving it can be painful and frightening. It may seem like everything is out of control. It can be helpful to know a bit about grieving. This may make it easier to understand what is happening.



There are many different reactions to grief. Some of these include:



You may feel some of these - or you may not.

You may not know what you are experiencing, it may seem like a time of "nothingness".

It's OK to feel this way.

Everyone's grief will be different and how they express it may also be different.

Suicide presents us with additional challenges in understanding or accepting death.

When someone takes their own life there may be more intense thoughts about:

- Searching for 'why'; trying to make sense of it all. This can sometimes lead to blaming others or blaming one thing that happened.
- Regrets and guilt - "If only I'd done something different;" "Couldn't someone have stopped it?"
- Anger and rejection - "How could he/she do this to me?"
- Feeling suicidal. If you feel like this it is important to talk to someone who can help. Often people who consider suicide see no other way to solve their problems. Remember there is always someone to talk to and other ways to deal with pain.

Remember, you are NOT responsible for the death.

"You are only in charge of your own destiny. You cannot control the lives of others no matter how much you love them." (1)

It takes time to heal.

The intense pain does not go on forever.

It does soften.

Gradually there will be more good days than bad days.

This does not mean you will forget and stop loving the person who died.

In the words of one teenager:

"I think a lot about my special friend. Sometimes I feel sad and cry. Lately, I've begun to smile when I remember what we did together. I feel better knowing that this person is with me - only a thought away." (1)

Some things that might help when you are grieving:

Talking
Being with friends
Listening to music
Laughing
Talking with a counsellor
Hugging
Writing down your thoughts
Praying
Getting involved with school activities
Exercising

Talk with trusted friends.

*Tell your friends what you need from them.
They care about you but they might not know what to say or do.*

Sharing the pain with others helps

Make a list of people you could talk to. This might include your parents, friends, teacher, neighbor, a close friend's parents, doctor, school chaplain or school psychologist.

When things are feeling overwhelming or you just need to share your thoughts, contact these people.



Drugs and alcohol do not help. Many people take them hoping to ease the pain but they actually make grief more complicated.

"When the effects wear off you will feel worse than before." (1)



Websites

These websites may be of interest for further information. You will find that each site may also direct you to other sites.

The developers and distributors of the pack are not able to review or monitor, and do not endorse these sites. Your access to, and reliance on, these sites is entirely your own responsibility.

<http://www.reachout.com.au>

An Australian site which includes information on different aspects of grieving and coping after suicide.

<http://www.kidshelpline.com.au>

For ages 5-18, you can talk to a counsellor online from this site.

<http://www.headroom.net.au>

Information and ideas about positive mental health.



Telephone services

Kids Help Line

(ages 5 to 25)

1800 551 800

Confidential, free and available 24 hrs a day.

Lifeline

13 11 14

Confidential, free and available 24 hrs a day.

Suicide Help Line

1300 651 251

Confidential, free and available 24 hrs a day.

Grief Line

9596 7799

Confidential and free telephone counseling.

References:

1 Grollman, E.,A. (1993). Straight talk about death for teenagers: How to cope with losing someone you love. Boston, Massachusetts: Beacon Press. ISBN 0-8070-2501-1. This pamphlet includes material adapted from the above reference.

6 Support Services



Listed below is a range of services that provide help for those bereaved by suicide. Which ones will be of most help to you will depend on your individual needs and preferences. You may need to be persistent in finding help that you feel comfortable with. More information can be obtained directly from the services. These details are current as at November 2008.

Counselling and Support Service of the State Coroner's Office

Tel 9684 4396 or 9684 4395 Monday-Friday, 9am-5pm

The death of a partner, child, relative, workmate, or friend is perhaps the most difficult experience that any one of us can go through. When death occurs suddenly, unexpectedly or in traumatic circumstances, it can create a situation which feels overwhelming. Chaos, fear, anger, guilt, numbness, and confusion are common experiences for those left behind. The Counselling & Support Service can provide assistance in dealing with these experiences.

Family and friends affected by the death, and anyone who has witnessed a death, can get help from the Counselling & Support Service at the Centre. The service is free and operates during business hours.

The service provides:

- short-term counselling and support to any person affected by a death that comes to the attention of the Coroner
- telephone counselling
- support for individuals and groups after exposure to a death that occurs in traumatic circumstances
- assistance with understanding the Coronial process
- assistance for those required to identify the body of a loved one
- advocating on families behalf with letters of support to employees, schools, etc
- assistance and support for families attending an Inquest
- referral to community agencies for longer-term support
- help for professionals in the areas of education, training, and secondary consultation.

Telephone Counselling Services

Suicide Help Line (24 hour Telephone Counselling Service)

1300 651 251.

Crisis Support Service

1300 659 467; 10am to 830pm 7 days a week.

Grief Line (Telephone Counselling Line)

9596 7799.

The Compassionate Friends (24 hr Telephone Support Line)

9888 4944 or toll free 1800 641 091.

Mensline (Telephone Counselling Line)

1300 789 978.

Kids Help Line (Telephone Counselling Line)

1800 551 800.

Parentline

13 22 89.

Other Services

Bereavement Counselling Service (Free Service)

9265 2111.

The Service offers counselling sessions for individuals, families, or groups. Appointments can be by calling the service between 9:30am - 4:30pm on Tuesdays, Wednesdays or Thursdays.

Eastern Palliative Care (Free Service)

1300 130 813.

Appointments can be made by calling the service Monday - Friday 9am - 5pm.

Mercy Western Grief Services (Free Service)

9364 9838.

The service provides counselling to anyone experiencing a bereavement who resides in the Western Metropolitan Region. Counselling is provided for individuals, families, or groups. Counselling is by appointment Monday - Friday, 9am - 5pm.

Vietnam Veteran's Counselling Service

DVA Level 12, 300 Latrobe Street Melbourne 3000, 9284 6050 freecall 1800 011 046.

Victorian Aboriginal Health Services – Family Services (Free Service)

9403 3300.

Provide a family counselling service for families within the Aboriginal community.

Barwon Paediatric Bereavement Program

5226 7269 (9am - 5pm); 1800 240 400 after hours & 24 hr crisis counselling.

Provides support for any person who has been affected at any time by the sudden and unexpected death of an infant, young child, or adolescent.

For Multicultural Australians

Initial areas of support may come from your ethnic community or religious group. The following services may also be able to help.

Geelong Ethnic Communities Council

153 Pakington Street, Geelong West VIC 3218; 5221 6044.

Gippsland Multicultural Services

100-102 Buckley Street, Morwell VIC 3840; 5133 7072 or 1300 304 552.

Migrant Resource Centre North West Region

45 Main Road, West St Albans VIC 3021; 9367 6044.

Migrant Resource Centre North East

251 High Street, Preston VIC 3072; 9496 0200.

Migrant Information Centre (Eastern Melbourne)

Suite 2, 27 Bank Street, Box Hill 3128; 9285 4888.

New Hope Migrant and Refugee Centre

40 Gratton Street, Prahran VIC 3181; 9510 5877.

New Hope Migrant and Refugee Centre

18 Chester Street, Oakleigh VIC 3166; 9563 4130.

South Eastern Region Migrant Resource Centre

Level 1, 314 Thomas St, Dandenong, VIC 3175; 9706 8933.

Migrant Resource Centre Westgate Region

78-82 Second Avenue, Altona North VIC 3025; 9391 3355.

Hearing Impaired Services

9684 4332 or 1800 555 660.

Support Groups

The Compassionate Friends

9888 4944 or 1800 641 091.

The Compassionate Friends is an organisation offering support and information to parents after the death of a child, regardless of age or cause of death. The service operates a Bereaved Parent Support Centre, Social Support Groups, 24 hour Grief Telephone Support Line, newsletter, grief information & support groups (including a suicide bereavement support group). Monthly support groups also operate in various locations, please contact TCF on 9888 4944 for dates and venues for groups in Metropolitan and Rural areas.

Mental Illness Fellowship of Victoria Inc.

8486 4200.

The network offers both individual and group support for families who have a family member or someone close to them, who had a mental illness and suicided.

Survivors of Suicide (SOS)

5991 1777.

Meets fortnightly every Thursday Daytime 1pm - 3pm & Evening 7pm - 9pm. Salvation Army 1 New Holland Drive Cranbourne 3977.

Suicide Support

5229 8866.

Meets twice per month 2nd & 4th Tuesdays at 10:30am. The Wesley Centre 100 Yarra St, Geelong.

Spring Support Group - For those bereaved through suicide

9553 1000 or 9587 5959.

Meets twice per month 1st & 3rd Wednesday at 7:30pm - 9:30pm Castlefield Community Centre, Cnr Bluff and South Roads, Hampton East 3188

Bendigo Centre for Loss and Grief

5444 5060.

55 Wattle St, Bendigo.

Support After Suicide

9427 9899 www.supportaftersuicide.org.au

Jesuit Social Services, provides counselling, monthly Support After Suicide groups, information.

Help for Rural Men & Women

Horsham Office 5382 6789; Stawell Office 5358 3922.

Road Trauma Support Team

1300 367 797 (all hours).

A confidential support service for people affected by road trauma.

You may also find support from the following:

- local Doctor
- your local place of worship
- funeral Director
- school chaplain
- hospital social worker
- community health centre
- school psychologist
- private counsellors, psychologists and psychiatrists. Contact numbers for local health professionals can be found in the Yellow Pages or through the Health Info Network on 1300 135 030.

7 Books and websites

7

It can be helpful to read about grief and suicide, as well as other survivors' experiences. The following section lists a number of books and websites which other people have found useful.

Libraries

Some of the books listed below will be available through your local library. If the book is not available at your library, library staff will be able to order it from another library. They may also be able to borrow other books from within Australia and overseas.

The Ministerial Council for Suicide Prevention (MCSP) also operates a lending library with many books about suicide. These books can be accessed via inter-library loans through your local library. The following mark “~” indicates the book is available through the MCSP library.

Bookshops

Most bookshops will order in books. Quote the ISBN or ISN number when placing an order.

You can also order books through the online bookstores. Some online stores that carry a range of titles relating to grief and loss are listed below.

Australian online stores

SANE Online Bookshop <http://www.sane.org/>

Capers Bookstore <http://www.capersbookstore.com.au/>

The Human Condition Bookstore <http://www.psychotherapy.com.au/pages/bookstore/bookstore.asp>

Boffins Bookshop <http://www.boffinsbookshop.com.au/>

Australian Online Bookshop <http://www.bookworm.com.au/>

Relationships Australia Bookshop <http://www.rabooks.com.au/>

seekbooks.com.au <http://www.seekbooks.com.au/>

International online stores

<http://www.amazon.com> – has an extensive reading list on suicide and bereavement.

The Dougy Centre (the American National Centre for grieving children and families) <http://www.dougy.org> – has a series of practical, easy-to-read guidebooks for assisting children, teens and families to cope with the death of a family member.

Books

Bereavement through suicide

After Suicide: Help for the Bereaved

Dr Sheila Clark (1995)

Melbourne, Australia: Hill of Content.

ISBN – 0 855 722 622

Suicide Survivors' Handbook: A Guide For The Bereaved And Those Who Wish To Help Them

Trudy Carlson (2000)

Minneapolis: Benline Press.

ISBN – 09642443 8 1

Picking up life's pieces...after a suicide. A Hope and Help Handbook.

Eric Trezise and Rodney Lynn (1997)

NSW, Australia: TEAKL Education

ISBN – 09587379 0 8

No Time For Goodbyes
Janice Harris Lord (1988)
NSW, Australia: Pathfinder
ISBN – 0 85574 867 2

Suicide Survivors: A guide for those left behind
Adina Wroblewski (1991)
Minneapolis: Afterwords
ISBN – 0 935585 04 4

Self Help Books

Beating the blues – a self help approach to overcoming depression
Susan Tanner and Jillian Ball (c1991)
Sydney: Susan Tanner and Jillian Ball
ISBN - 064636622X

Coping with Grief
Mal McKissock (2000)
Also available from ABC bookshops
ISBN – 0 733 0438 9

Words of sorrow, words of love: Death of a child
Edited by Eva Lager (1998)
ISBN – 0 646 36206 2

Living with grief after sudden loss: Suicide, homicide, accident, heart attack, stroke
Kenneth JD (1996)
Washington USA: Hospice Foundation of America
ISBN – 1 56032 578 X

Books for parents and those helping children

~The suicidal child
Pfeffer, Cynthia (1986)
New York: Guildford Press
ISBN – 0898626641

Supporting children after suicide: Information for parents and other caregivers
Kerrie Noonan and Alana Douglas (2001)
NSW, Australia. Available from the Liverpool Community Health Service (NSW). Telephone 02 9828 4844.

Help me say goodbye
Janis Silverman (1999)
Minneapolis: Fairview Press
Available through publisher's US website <http://www.press.fairview/org> as well as online bookstores in Australia.

Bereaved Children and Teens: a Support Guide for Parents and Professionals
Earl A. Grollman (1993)
Boston: Beacon

Grief in children – A handbook for adults
Dyregrov A (1991)
Jessica Kingsley Publisher

How do we tell the children?
Schaefer D, Lyons C (1993)
New York: Newmarket Press

Helping children cope with grief
Wells R (1998)
London: Sheldon Press

Websites and internet resources

The following websites also provide useful information and points of contact to receive further support. Note that sites change over time and may no longer be available. All sites are Australian based unless indicated.

Suicide prevention websites

<http://mcsp.org.au>

The Ministerial Council on Suicide Prevention's site includes information and resources concerning suicide prevention.

<http://www.livingisforeveryone.com.au/>

The Living Is For Everyone (LIFE) website is a suicide and self-harm prevention resource providing the best available evidence and resources, including a series of fact sheets on suicide and suicide prevention.

http://www.lifeline.org.au/find_help/suicide_prevention

Lifeline operates a telephone counseling service nationally, accessible 24-hours a day, seven days a week. Lifeline also facilitates a number of training programs in suicide prevention and operates a self-help information line from 9am-5pm Monday-Friday.

<http://suicideprevention.salvos.org.au/index.php>

The Salvation Army's Hope for Life suicide prevention website provides advice for helping those bereaved by suicide; statistics and a list of resources; and support groups and training courses available.

<http://www.save.org/>

US based website. The aim of SAVE is to educate about suicide prevention and to speak for suicide survivors. This site contains useful information on grief and bereavement that is specific to suicide.

<http://suicidology.org/>

US based website of the American Association of Suicidology. The site has information about suicide and features a section for survivors of suicide. It includes excerpts from a quarterly newsletter.

<http://www.rcpsych.au.uk/mentalhealthinformation/mentalhealthproblems/bereavement.aspx>

UK based website. The Bereavement Information Pack, produced by the Royal College of Psychiatrists in Oxford, is available online at this site.

Bereavement after suicide

http://www.lifeline.org.au/find_help/suicide_prevention/suicide_prevention_links_and_resources/9

Lifeline Australia provides information, resources and links to support services.

<http://www.jss.org.au/content/view/95/128/>

Jesuit Social Services Support After Suicide website provides information, counselling and support to children, young people and adults bereaved by suicide.

<http://www.sane.org/>

SANE Australia provides fact sheets and podcasts to help people who have had someone close to them suicide.

Care and Support Pack for Families and Friends Bereaved by Suicide

http://www.health.nsw.gov.au/pubs/2007/care_support_pack.html

NSW Health has developed this downloadable resource in three separate brochures:

- After a suicide death: information for families and friends
- At the time: when someone you know has died by suicide
- Coping with grief after a suicide death

Sudden loss support kit

http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0011/31106/SLT_Booklet_web.pdf

A downloadable booklet for people who are bereaved by suicide and sudden death produced by the Tasmanian Department of Health and Human Services.

Help is at hand: a resource for people bereaved by suicide and other sudden, traumatic death

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4139007.pdf

This UK guide aims to help people who are unexpectedly bereaved by suicide.

Survivors of Suicide. Coping with the Suicide of a Loved One

http://www.readthesigns.com.au/_data/assets/pdf_file/0019/30772/SOS_Final_Oct_06_reprint.pdf

A downloadable PDF resource for survivors of suicide, produced by Lifeline Australia.

General grief sites

<http://www.nalag.org.au>

The National Association for Loss and Grief (NALAG) can refer you to a grief counselor in your area.

<http://www.grieflink.asn.au>

A South Australian website about grief and loss.

<http://www.bereavementcare.com.au>

This site includes links to articles, books and videos as well as access to a downloadable version of the NSW Health Support Pack for Coping with Suicide.

For children and young people

<http://www.reachout.com.au>

Reach Out! Is an Australian web-based service that inspires young people to help themselves through tough times by providing support information and referrals.

<http://www.childhoodgrief.org.au/>

The National Centre for Childhood Grief provides support to children who are grieving a death as they learn to live with its impact on their lives.

<http://www.fernside.org>

US based site. This site offers a kid's area with activities, questions for discussions, and books and an area for adults which talks about how to help a grieving child.

<http://www.kidsaid.com>

US based site for kids to share and deal with feelings and to show artwork and stories.

For people who have lost children

<http://www.thecompassionatefriends.org.au>

The Compassionate Friends aims to assist families in the positive resolution of grief following the death of a child and to provide information to help others be supportive. They provide support groups for parents, grandparents and siblings.

<http://www.opendoors.com.au/ExperiencesC.htm>

This site contains personal stories and helpful information about experiences of grief.

<http://childsuicide.homestead.com/>

US based website for parents and families attempting to survive after the tragedy of the child, grandchild, sibling or friend's suicide. The site provides useful articles, crisis support, useful books, facts and figures, grief resources and other links.

For people who have lost partners

<http://www.widownet.org>

US based website. Information and self-help resources for and by widows and widowers. Topics covered include grief and bereavement.

For men

<http://www.webhealing.com/>

US based website. There are many resources on this page including excerpts from the author's books on males and grieving.

Practical matters

Are you needing help after someone has died?

http://www.centrelink.gov.au/internet/internet.nsf/individuals/help_index.htm

Information about Centrelink and other Government entitlements and supports, including the downloadable booklet *Needing help after someone has died?*

What to do when someone dies

<http://www.dva.gov.au/pensions/yandyp/ch8.htm>

Department of Veteran's Affairs provides information on bereavement payments, veteran's entitlements, commemoration etc.

Estates and Probate

Australian Capital Territory

Supreme Court of the Australian Capital Territory

Tel (02) 6207 1253 http://www.courts.act.gov.au/supreme/content/services_probate.asp?textonl

New South Wales

Supreme Court of New South Wales

Tel (02) 9230 8111

http://www.lawlink.nsw.gov.au/lawlink/Supreme_Court/ll_sc.nsf/pages/SCO_probatefaq

Northern Territory

Supreme Court of the Northern Territory

Tel (08) 8999 6562 <http://www.supremecourt.nt.gov.au/about/registry/probate.htm>

Queensland

Supreme Court of Queensland

Tel (07) 3247 5365 <http://www.courts.qld.gov.au/3073.htm>

South Australia

Supreme Court of South Australia

Tel (08) 8204 0505 http://www.courts.sa.gov.au/courts/supreme/probate_grants.html

Tasmania

Supreme Court of Tasmania

Tel (03) 6223 7816 http://www.supremecourt.tas.gov.au/wills_and_probate

Victoria

Supreme Court of Victoria

(03) 9603 9296

<http://www.supremecourt.vic.gov.au/wps/wcm/connect/Supreme+Court/Home/Practice+and+Procedure/Probate+Office/>

Western Australia

Supreme Court of Western Australia

Tel (08) 9421 5152 <http://www.supremecourt.wa.gov.au/content/faq/probate.aspx>

8 Suicide bereavement



Grief after suicide is similar to grief after other types of death. However suicide raises additional complex grief issues because of the sudden and traumatic nature of the death. These can include the following.

Trauma

Suicide is often sudden and violent and may leave the bereaved traumatised. Intrusive images of the death can recur, even if the death was not witnessed. The initial grief reactions of shock and numbness may also be stronger and last longer.

Why?

"It's a riddle that goes round and round and round in your mind and drives you absolutely crazy for years and years and suddenly you think I'm tormenting myself. I shall just never know the exact and precise reason." (1)

For those bereaved by suicide there is often a desperate need to know why the suicide happened. The search for answers may be relentless. However it is important that those bereaved reach the point where they feel they have struggled with the question enough. They may have enough answers to satisfy themselves or recognise that the reasons for the suicide will never be completely understood.

Guilt

Guilt is a common reaction in bereavement and research suggests that guilt is felt more intensely amongst those bereaved by suicide. Family members and friends often feel guilty about not having foreseen the suicide or prevented it. Bereaved families and in particular bereaved parents, often feel guilty in some way for the death; that there was something 'wrong' in the family or with their parenting skills. Those bereaved will often replay the events over and over again in their heads. There can be a long list of 'if onlys': 'If only I had been home', 'if only I had recognised how they were feeling', 'if only I hadn't said that'. There is a limit to your responsibility, no-one is responsible for another person's decisions or actions.

Relief

For family and friends who have been through many years of chronic mental illness with their loved one there may be feelings of relief. They may feel 'at least now they are at rest' and they may sense freedom from ongoing worry for their loved one. It is OK to feel this way. It does not mean that you wished your loved one was dead.

Blame

It is common for people to react to a sudden death by looking for someone to blame. Families bereaved by suicide may blame each other. Initially blame can be a way for some people trying to make sense of what happened, however no-one is responsible for another person's decisions or actions.

Social Isolation

Historically there has been stigma attached to a death by suicide. It has been a taboo subject but this is starting to change. Many of those bereaved note a lack of support following a suicide. This may be because family and friends are unsure how to react. A sense of shame and of being different can also stop people from accessing possible supports, however support is available and can be useful.

Feeling suicidal

The pain of grief may be so intense and unrelenting that those bereaved by suicide may think 'I can't go on like this anymore'. Identification with the person who has died may also make them feel particularly vulnerable. The bereaved frequently have suicidal thoughts. Finding support and/or professional help at these times is very important.

Anger

The bereaved often feel rejected and abandoned by their loved one and also may feel anger towards that person for leaving them. Anger is a natural response to being hurt. It is helpful to talk about being angry and find ways to deal with it.

References:

1 Wertheimer, A. A Special Scar: The Experiences of People Bereaved by Suicide. (1991). London: Routledge.

9 Early grief and mourning



Shock

The death of someone close to you comes as a tremendous shock. When someone dies unexpectedly this shock is intensified and when someone takes their own life, or dies in a violent way, the shock can be particularly acute. Shock is common during the days and weeks immediately following a death. Some experience it more severely and for longer than others.

Numbness

Your mind only allows you to feel your loss slowly, and following the death of someone you have been close to you may experience feelings of numbness. What has happened may seem unreal or dreamlike. The thought 'this can't really be happening' may recur. The numbness of early bereavement may itself be a source of distress and misunderstanding if one wonders, for example, why one cannot cry at the funeral. In fact, this numbness is only delaying emotional reactions and may be a help in getting through the practical arrangements. The 'protection' provided by shock gradually wears off and emotional pain begins.

Disbelief

It is natural to have difficulty believing what has happened. Where a death was untimely and sudden it is even harder to grasp that the loss is permanent and real. On one level it is possible to "know" that a loved one has died. But on another, deeper level it may seem impossible to "accept". A large part of you will resist the knowledge that the person who has died is not going to be around any more. Confusion, panic and fear are common during this struggle between "knowing" they have died and disbelief.

Searching

Numbness and shock tend to give way to an overwhelming sense of loss. Many bereaved people find themselves instinctively "searching" for their loved one, even though they know that they are dead. This may involve calling their name, talking to their photographs, dreaming they are back or looking out for them amongst people in the street. This denial of a painful reality is a natural part of mourning. Realising that a death has really happened and is irreversible takes some time.

"Denial is meeting your son on the street, seeing him from behind, the same shaped head, the identical droop of the shoulders, the swinging gait. Your leaping heart cries, "Oh, it's Mitch!". Some days, you'll walk into the house and 'feel' his presence in a room. You can 'see' that smile, 'hear' that laugh. A part of my denial was setting the table for him. Time and again, I'd set his place with all the others and then gasp with the realisation that he would never be coming home to dinner." (1)

Anguish and pining

The understanding that a loved one is really dead brings with it tremendous misery and sadness. As the loss begins to make itself felt, pining for the person who has died is common. Powerful and desperate longings - to see and touch them, to talk and be with them - may be felt. The intensity of emotions is often frightening and may leave the bereaved feeling devastated. Emotional pain is often accompanied by physical pain. It is common to go over and over what has happened, replaying things in your head or talking them through. The need to talk about a loved one, following their death, is part of the natural struggle to counteract their loss.

Physical and emotional stress

Losing someone close to you is a major source of stress. This stress may show itself in both physical and mental ways. Restlessness, sleeplessness and fatigue are common. You may also have bad dreams. Loss of memory and concentration are common. You may experience dizziness, palpitations, shakes, difficulty breathing, choking in the throat and chest. Intense emotional pain may be accompanied by physical pain. Sadness may feel like a pain within. Muscular tension may lead to headaches, neck and backaches. Loss of appetite, nausea and diarrhoea are also common and women's menstruation may be upset. Sexual interest may also be affected. The physical effects of shock usually pass with time.

"The most common phrase heard from the newly bereaved is "I feel like I'm going crazy." The pain and the accompanying emotions are so intense that it doesn't seem possible that a normal human being can experience them and still live. You may believe that you are going insane or at least on the verge of it but you are not. You are experiencing the physical and psychological reactions to deep loss." (2)

References:

- 1 Bolton, I. (1987). My Son, My Son. A Guide to healing after death, loss or suicide. Atlanta: Bolton Press.
- 2 Gerner, M. (1991). The grief of the newly bereaved. The Compassionate Friends Newsletter, summer edition. This is reprinted with permission. Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997) Bereavement information pack: For those bereaved

10 Emotions during bereavement

10

Anger

Anger is a natural and common response to loss. It is rare to experience no anger during bereavement and, for some people, feelings of rage can be very intense. The protest 'Why me?' reflects a general sense of helplessness at the unfairness of life, as does anger at others for carrying on their lives as if nothing has happened. Anger may also have a more specific focus. Intense feelings of blame may be directed towards other people - relatives, friends, doctors - who did not seem to help the person enough before their death. It is common to feel anger at oneself for 'failing' to prevent their death, blaming oneself for not doing more. Feelings of anger towards the person who has died are often particularly distressing and confusing. The bereaved may feel abandoned by them.

Feelings of anger are at their most intense shortly after a death and tend to grow less with time.

One woman said after her son's death that she felt great anger at him for what he had done to her, her sister, her mother and family. She had often felt overwhelmed with murderous rage, rage at the world, at life, that it could be so unfair sometimes, and finally rage at her friends who she once loved and cared for - that they could not be there for her.

Guilt

Guilt or self-blame is also common during grief. Guilt may be felt about the death itself. It is extremely painful to accept that we were not able to prevent the death of a loved one or protect them. Feelings of responsibility are common and bereaved people often judge themselves harshly under these circumstances.

Our relationships before the death are another common source of remorse. Sudden death interrupts close relationships without warning. Since our lives are not usually conducted as if every day might be our last, we assume there will always be the future to sort out tensions and arguments or to say the things that have been left unsaid. Regrets often take the form of "If only's": 'If only I had done this' or "If only I hadn't said that". Guilt may also be aroused by what one feels or does not feel during bereavement (e.g. anger towards a dead person, inability to cry or show grief openly). Occasionally a death may bring with it a sense of relief for those left behind, particularly if there had been a lot of unhappiness and suffering for everyone beforehand. This feeling may also cause intense guilt. Lastly, guilt may be felt for surviving - for being alive when they are dead.

Another woman described her terrible feelings of guilt following her brother's death. Not one day had passed that she hadn't asked herself "Why?" Not one day had passed that she hadn't experienced the guilt, tidal waves of guilt that just seem to drag her under deeper and deeper. She agonised over whether they as a family could have done something that might have turned him around, that might have made him want to stay with them. Why she wondered did they say all those terrible things to each other while they were growing up? Or worse, why didn't she say all the things to him that she now wished she could?

Despair

Feelings of despair are common during bereavement, once it is realised that despite all the pining and longing, a loved one will not be coming back. Relationships often suffer because despair is draining and saps interest in others. The bereaved may be left feeling both powerless and hopeless. Life may no longer seem to make sense or have meaning. Feelings of "not giving a damn" about anything or anyone are common, as is indifference as to what happens to you. In the aftermath of a death suicidal feelings are not uncommon.

Fear

Fear is common in grief. Violent and confusing emotions, panic and nightmares may make grief a frightening experience. You may fear a similar event happening again. You may fear for yourself and those you love. You may fear "losing control" or "breaking down".

"No-one ever told me that grief felt so like fear" C.S. Lewis (1)

Grief and depression

The feelings of the newly bereaved have a lot in common with those of people suffering from depression. Like depression, grief can bring profound sadness and despair. Feelings of unreality are common. It may be hard to see a way forward. Grief interferes with sleep, concentration and appetite. For a bereaved person, these feelings are part of a natural response to a terrible loss. People who have been bereaved are likely to be more prone to sadness and depression for a number of years. For some, these feelings may be particularly severe and prolonged. When grief gives way to a longer lasting depression, further help may be needed.

References:

1 Lewis, C.S. (1961). *A Grief Observed*. London: Faber and Faber.

This is reprinted with permission. Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997). *Bereavement information pack: for those bereaved through suicide or other sudden death*. London: The Royal College of Psychiatrists. ISBN 1 901242 08 0

11 Questions about grief

What is grief?

Grief is the pain experienced following a loss. Grief is a natural response to loss. Everyone suffers many types of loss but the death of someone close to you is probably the most painful loss of all.

Loss has been described as an emotional wound. Just as physical wounds take time and effort to heal, so too does an emotional wound.

"The process of grieving is important as eventually it allows you to come to terms with your loss. Coming to terms with your loss does not mean forgetting your loved one, as their memory will always remain precious to you. It means accepting they are no longer around. Grieving is a normal process but is very painful and personal and does not happen in just a few days or weeks." (1)

Grief is hard work. It takes considerable emotional and physical energy.

There are four important parts to grieving:

1. Understanding the loss is real
2. Suffering - feeling the pain of the loss
3. Recovering - learning to live without your loved one
4. Reinvesting the emotional energy of grief into life again. (2)

What does grief look like?

Physical Exhaustion Headaches Nausea Change in sexual interest Muscular aches	Emotional Anger Sadness Disbelief Guilt Despair Loneliness
Cognitive Forgetfulness Lack of concentration Confusion Poor memory	Behavioural Disturbed sleep Changes in appetite Social withdrawal Crying Vivid dreams about the person who has died

These are all normal reactions to a sudden loss. Some people will experience many of these, others just a few. Each person is unique. Your ways of coping with the loss may be different from the ways of your partner, siblings or friends.

Factors which will affect how you grieve include:

- Your personality
- Your relationship with the person
- Gender
- Cultural background
- Previous losses
- Physical health
- Your age

Do men and women grieve differently?

Gender is one of the factors that impact on how you grieve and may affect your style of grieving.

Generally, men tend to be physically active in their grief. This may involve sorting out practical problems in the family, completing projects in memory of the person who has died or other physical activity. They may also express more anger about the death than women.

Women are more likely to be openly expressive about their emotions and find support from sharing this with others. Some women may withdraw to cope with their distress.

These are very broad generalisations but they do indicate that there are different ways to grieve. These differences can put a strain on relationships. If your partner does not grieve in the same manner as you, it is easy to become resentful thinking that they do not share your loss or they don't care. It is important to recognise that people grieve in different ways. The different styles of grieving do not mean you loved the person any more or any less.

Do people from different cultures grieve differently?

Grief is a universal response to loss. However there may be cultural differences about how to deal with grief. Some cultures have very specific rituals. This may mean that people from different cultures or religions show their grief differently or act differently after a death in the family.

Why can't some of my family help me?

Each person will have had a different relationship with the person who died and their experience of the loss will be different. Their way of expressing their grief may also be different. Recognising this can help you be more tolerant and understanding of each other. Let others grieve in their own way. Don't compare grief reactions. Everyone will go through the process in their own way, in their own time.

Am I going mad?

The feelings you experience when grieving could seem abnormal and out of control under other circumstances. You are not going mad, you are grieving.

What about drugs and alcohol, do they help?

At times people find it helpful to use prescription medication for a few days as a 'first aid' measure. However using alcohol or drugs long term to relieve the painful feelings will only prolong and complicate your grief.

Are there more difficult days and times?

Anniversaries, birthdays, Christmas and holidays can be difficult times. It may be useful to plan ahead. You may decide to do things differently and create new traditions on these days. You may want to find new ways to remember the person who has died. Discuss with your family how these times might best be celebrated.

Would it help to move?

Although it may be tempting to move or change jobs in the hope that this will ease some of the pain, it is a good idea not to make any major or permanent decisions for 12-18 months after the death of a loved one. You are already undergoing enormous change because of the loss. If your decision does not have to be made immediately, leave it for a while.

It's become worse, why?

There may have been a lot of visitors and support around the time of the funeral but people have since moved on with their lives. People often expect that you will have "got over it" after 6-8 weeks. This leaves you on your own and without the constant support of these friends. The 'anaesthetic' effect of the shock also wears off leaving intense and painful feelings. People often say that the grief is worse 4-6 months after the death rather than at the time of the initial bereavement.

How long does it last?

There is no magic figure or date. The loss will always be part of your life but the intense pain will gradually subside. Grief comes in waves and can be unexpected or triggered by little things. However there is often a pattern or cycle to grief. By looking back over the last weeks and months you may be able to notice a pattern to your own grief. Gradually these waves of grief grow further and further apart. Eventually you will be able to laugh again and remember the life and good times with your loved one rather than just the death.

*Lost loves can never be forgotten or replaced
But if we allow it the heart grows bigger
to make room for new loves. (3)*

References:

- 1 When Someone Dies: A Guide to bereavement for family and friends (1999). Perth, WA: Sir Charles Gardiner Hospital.
- 2 Adapted from Worden, J.W. (1991). Grief Counselling and Grief Therapy. Great Britain: Routledge. ISBN 0 415 07179 8
- 3 White-Bowden, S. (1987) From a healing heart. Maryland, USA: Image Publishing. ISBN 0 911897 07 0

12 Things that may help

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Here are some ideas that other people who have been bereaved by suicide have found helpful.(1) We know that people have different ways of grieving at different times so what may be helpful for one person may not be so for another. What is important is that you find something that is helpful for you.

- Spend time with people who care about you and who understand.
- Find someone to talk with and keep trying until you find someone who will listen.
- Let others help you.
- Ask for assistance when you need it.
- Ask for help with everyday tasks like meals, washing and bill paying.
- Know its OK to grieve.
- There is no time limit on grieving.
- Have a space where you can be on your own when you need to.
- Cry, it's a great release.
- Say what's on your mind and in your heart.
- Be honest with children.
- Never give up.
- Little things may upset you, let them, its OK.
- Go easy on yourself; you will have good and bad days.
- Tell yourself you are going to be OK, you can do it.
- Believe in yourself.
- Be patient with yourself and others.
- Remember you are not alone.
- Read about grief and suicide, gain insight, it can help.
- Speak with others who have also experienced a suicide.
- Don't make any major decisions in the weeks or even months after the death.
- Seek answers but try not to dwell on the why.
- Don't isolate yourself.
- Accept that it wasn't your fault.
- Celebrate your loved one's life.
- Cherish the memories.
- Remember, your loved one is still very much a part of your life.

*Silence is no certain token
That no secret grief is there;
Sorrow which is never spoken
Is the heaviest load to bear. (2)*

Some further ideas:

- Recognise every small achievement.
- Writing down your thoughts may be helpful.
- Many people find support and strength from their church or other religious body. These places will generally be open to you, even if you have not attended in the past.
- Look after yourself. If possible, exercise and rest regularly.
- It can help to talk to other people who have experienced the same sort of loss.
- Professional support may be a source of strength.
- It is OK to laugh. Laughter is healing. It can bring momentary relief from the pain and intensity of feelings.
- Take one day at a time.
- Know that you can survive. You have already survived.

When is it time to get help? (3)

Grief is painful and exhausting. It is not always easy to decide at what point it would be helpful to receive some outside support. Some reasons you might decide to seek extra help during bereavement are when you:

- continue to feel numb and empty some months after the death
- cannot sleep or suffer nightmares
- feel you cannot handle intense feelings or physical sensations such as exhaustion, confusion, anxiety or panic, chronic tension
- feel overwhelmed by the thoughts and feelings brought about by a loved one's death eg. guilt, anger, rejection
- have no-one with whom to share your grief and feel the need to do so
- keep constantly active in order not to feel (e.g. working all the time)
- find you have been drinking or taking drugs to excess
- find you are worrying and thinking about suicide yourself
- feel afraid that those around you are vulnerable and not coping.

References:

- 1 Hillman, S.D., Green, A., Silburn, S. (2000). A Study of Families Bereaved by Suicide. Perth, WA: Youth Suicide Advisory Committee.
- 2 Havergale, F.R. "Untitled". in Knieper, A.J. (1999). The suicide survivors grief and recovery, *Suicide and Life Threatening Behaviour*, 29, 353-364. copyright of the Ministerial Council for Suicide Prevention
- 3 Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997). Bereavement information pack: for those bereaved through suicide or other sudden death. London: The Royal College of Psychiatrists. ISBN 1 901242 08 0

Often friends may not know how to comfort and support someone who has been recently bereaved by suicide. These suggestions come from others who have lost a loved one to suicide and may be of assistance in helping friends to know what they can do.

- Keep in touch on a regular basis. Don't abandon your friend.
- There may be times when your offers of help are refused. Try again later. If you feel awkward because you don't know what to do or say, be honest - "I don't know what to say... is there anything I can do?"
- Listen to your friend's story - over and over again. Listen without judging. Those who are bereaved will have intense feelings that are likely to include anger, sadness, fear and guilt. You cannot change this or take their pain away but you can help them by being there, caring and listening.
- Send a note - if you don't know what to say, you can just write "thinking of you".
- Share good memories of the person who died and what they meant to you.
- Give your friend time to heal. Don't expect that your friend or family member will be "over it" in a few weeks or months. It may take years. Try to remember birthdays and other special days. Be aware that these may be particularly difficult times.
- Offer to do something practical such as making a meal, paying bills or doing the shopping or washing.
- Offer to find out about resources and information for them.
- Support your friend in accessing a counsellor if they are needing more help or have no "good" days.
- Be kind to yourself. It can be draining to share your friend's loss. You also may be affected by this loss and have your own grief to deal with. Take time to do some special things for yourself.

Here are some things that will not be helpful:

- Don't avoid talking about the person who has died. It may seem that you are denying they ever existed which can be very hurtful.
- Don't use cliches such as "You must be strong" and "Life goes on."
- Don't keep asking for details of the suicide.
- Don't blame or give reasons to explain the suicide.

"When there is something big, and uncertain to face, a comforting reassuring hand can help us overcome the anxiety we feel, allowing us to accomplish what we could never do alone." (1)

This letter was written to a Canadian newspaper in 1993. (2) The advice is as relevant today as it was then.

After a recent suicide in our family I would like to let your readers know what helps a survivor of this tragedy:

- Call immediately after the tragedy, but do not drop by unannounced.
- Telephone first; some may not want visitors.
- Do not ask for details or jump to any conclusions.
- If your initial call seems unwelcome, be forgiving and call later.
- What is important to the survivors is that you acknowledge the situation and let it be known that you care.
- Tell the survivors what the person meant to you.
- Recalling a good (and happy) story will be appreciated.
- Don't tell the survivor how the tragedy could have been prevented as it makes the survivor feel at fault.
- Do not place the blame on anyone.
- Let the survivor talk and be an attentive listener.
- Tell the survivor you are sorry this has happened, that life is sometimes very unfair - but never say, "it's probably all for the best." The family members of a suicide victim will not be comforted by these words.
- If you can't make a personal call, send a note.
- If you aren't sure what to say, "thinking of you" will convey your message adequately.
- Do not hesitate to send a belated sympathy card or note if you failed to do so immediately. The survivor will appreciate being remembered even though your message was quite late.
- The hurt of being ignored is very difficult to forget, I know.
- A Survivor

References:

1 White-Bowden, S. (1987). From a healing heart. Maryland, USA: Image Publishing. ISBN 0 911 897 07

2 The Calgary Sun Monday, February 15, 1993

When you're grieving

When someone you love has passed on you will be feeling a lot of different emotions. It is also true that for Aboriginal people, there are some different things that you need to do with your people and community to help you with these feelings. This booklet is to help you to understand these things. It will also explain the difference between 'normal' grieving, and when you need to get some help with your grief.

When you first lose someone there are some common feelings that people will go through as they try to come to terms with their loss. These feelings may also be different depending on how the person has died. It is normal to feel like this. Some of the things you might be feeling are:

Numb - you will be in shock. This means that you find it hard to believe that the person has died. You will expect to see them in their usual places; you might talk about them like they are still alive.

Pretty sad, maybe even depressed. When you lose someone, you will miss them a lot and probably be crying heaps for them. If you feel like crying, then you should. It's a good idea to let it out or you can feel even worse.

Angry - at yourself, or at someone else. Sometimes we want to blame someone for our loss.



Longing for country or home. You may feel like you need to go home to do your grieving.

You might spend a lot of time thinking about things you should or shouldn't have done. Many people believe that they have done something wrong to cause the person's death. Sometimes 'Aboriginal way' the person's death may be seen as 'payback' for wrongdoing. If you feel this way, you need to talk with an Aboriginal Health Worker who can listen to you, or help you to talk to your elders about this.



SUICIDE OF A LOVED ONE

If the person has died by taking their own life there are some different feelings and emotions you may be experiencing.

You may have a lot of questions which make your healing harder. Some common questions people ask themselves are: 'Why didn't he/she say something?'; 'Why didn't I see the signs?'; 'Why did they die alone?'; 'Why did they kill themselves?'

You should talk about these things with professional people who work with suicide and understand the issues. At this time, people who were close to the deceased person may also be having some thoughts of suicide. Get help for you and others who have been affected by the suicide.

DURING SORRY AND FUNERAL TIME

Family will go through some traditions during the funeral and sorry time. These traditions are done to make sure that the person's spirit is shown respect and can find peace.



It is not unusual for the spirit of the deceased person to 'visit' many Aboriginal people. This is very much a part of culture, and you should not be scared. Sometimes, your loved one may just want to let you know that they are okay, or want to 'watch over you'.

You might feel a 'bit shame' or even frightened about this, and may not want to tell anyone, but this is a very common thing for many Aboriginal people to experience.



AFTER THE FUNERAL AND SORRY TIME IS OVER



This is the hardest time, and you will probably feel very sad because everyone will leave and go back home, or you will have to go back to your home.

Make sure that you have people around you and can talk when you need to. You should keep talking about your loved one and especially the good memories you have. Don't be afraid to talk about your loved one, it is very important not to forget them.

Remember, everyone else is probably feeling the same



HOW LONG WILL I GRIEVE FOR MY LOVED ONE?

You will always feel a sense of loss when you lose someone you love. In time you will think about it less often, and probably be able to have good memories of the person you have lost, instead of just remembering their death.



Remember, that everyone grieves in their own way, and take different amounts of time to come to terms with their loss.

Don't let anyone tell you how long you should be sad for. Listen to your heart, and you will know when your grief is getting better.

WHAT SORT OF THINGS TELL ME I'M NOT COPING



Feeling numb, shocked, sad, angry, guilty are all normal. But if you are feeling all of these things for a longer time than your other relations, or friends of your loved one, you may not be coping well with your loss.

You might find that your friends or relations seem to be getting on with their lives and you are not.

You might still believe that your loved one is not really dead, and will come back to you.



You might start wanting to be alone more and feel like "no-one understands you".



You might blame yourself somehow, for the death of your loved one. Sometimes people look to find reasons for a person's death. If it is believed that someone is to blame, they may be 'paid back' for the wrongdoing. If you feel that this is happening to you, then you need to talk with one of your elders about this. An Aboriginal Health Worker, or someone strong in your community will be able to help you with this as well.



You might also start drinking or groggin' on a bit more than usual. Some people might also use Gunga or other drugs, thinking it might help them to cope with the pain.

Other people start picking arguments with their friends and relations for no reasons. You might get moody and snap at people for no reason.

You may have bad dreams; find it hard to sleep, or keep seeing the dead person's spirit. If this makes you feel scared or upset, then this is also not good.



THOUGHTS OF SUICIDE

Unfortunately, for some people, they feel like they don't want to go on living without their loved one. We call this, thoughts about suicide, and some people may also try to end their life.

IF YOU HAVE ANY THOUGHTS OF WANTING TO DIE YOU MUST TALK TO SOMEONE STRAIGHT AWAY.

Don't feel shame about this. It is better to talk to someone than do something that will cause your family more pain and grief. Use the numbers at the end of this booklet or go and talk to someone you can trust. They can help!

If you notice any of these things happening to you, then you need to have a yarn with someone like a doctor or health worker.

You shouldn't feel shame about talking with someone - they have spoken to lots of people about these sorts of things before, so they won't think you are 'silly' for feeling this way.

Talk to your family - they might also be feeling the same way but might also feel 'shame way' about telling anyone.

Maybe, you can yarn with someone together.



SERVICES TO HELP YOU

If you think that you aren't coping with losing your loved one, you can contact any of these services to help you. These services can also refer you to other local services.

Aboriginal Medical Services

Bairnsdale

Gippsland & East Gippsland Aboriginal Cooperative Ltd
Tel: 5150 0700

Ballarat

Ballarat & District Aboriginal Cooperative
Tel: 5331 5344

Bendigo

Bendigo & District Aboriginal Cooperative
Tel: 5442 4947

Echuca

Echuca Medical Centre
Tel: 5482 3075

Geelong

Wathaurong Aboriginal Cooperative
Tel: 5277 0044

Halls Gap

Budja Budja Aboriginal Cooperative
Tel: 5356 4751

Heywood

Windamara Aboriginal Cooperative
Tel: 5527 2051

Horsham

Goolum Goolum Aboriginal Cooperative
Tel: 5382 5033

Kerang

Allinjarra Aboriginal Association Inc
Tel: 5452 1664

Lake Tyers

Lake Tyers Aboriginal Trust
Tel: 5156 5554 Melbourne (Fitzroy)
Victorian Aboriginal Health Service
Tel: 9419 3000

Mildura

Mildura Aboriginal Cooperative
Tel: 5021 0315

Morwell

Central Gippsland Aboriginal Health & Housing Cooperative
Tel: 5136 5100

Orbost

Moogji Aboriginal Cooperative
Tel: 5154 2133

Robinvale

Murray Valley Aboriginal Cooperative
Tel: 5026 1651

Shepparton

Rumbalara Aboriginal Cooperative
Tel: 5825 2111

Sale

Ramahyuck District Aboriginal Corporation
Tel: 5143 1644

Swan Hill

Swan Hill & District Aboriginal Cooperative
Tel: 5032 2964

Warrnambool

Gunditjmara Aboriginal Cooperative
Tel: 5561 5954

Wodonga

Mungabareena Aboriginal Cooperative
Tel: 02 6024 7599

You can also contact your local doctor, nurse, health worker, psychologist or counsellor.

Adapted from Westerman, Tracy & Feehann, Ashley, Grieving Aboriginal Way, Indigenous Psychological Services, 2001. Illustrated by Kye McGuire. <http://www.mcsp.org.au/>

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