
The Unequal Burden of Child Death Adds to Disadvantage in Psychological Distress for Black and Hispanic Parents

Debra Umberson and Rachel Donnelly

INTRODUCTION

Hundreds of studies have documented the adverse psychological consequences after parents experience the death of a child. However, most of these studies are based on White populations, despite evidence that Black parents are more likely than White parents to experience a child's death in the United States. Indeed, Black parents are about 2.5 times more likely than White parents to experience the death of a child by age 20. This disadvantage grows with age – Black parents in their 70s are about four times more likely to have experienced a child's death.

Hispanic populations in the U.S. generally exhibit lower mortality rates than non-Hispanic Whites. However, mortality rates are higher for some Hispanic subgroups, particularly young adults and U.S.-born Hispanics. These patterns suggest that some groups of Hispanic parents may be at greater risk of experiencing a child's death compared to White parents. But this risk has not been documented in previous research.

Therefore, very little is known about racial/ethnic variation in life course experiences following the death of a child. These gaps in knowledge are striking in the American context of systemic racism and recent public attention on grief associated with premature mortality in racial and ethnic minority communities.

The death of a significant other is a highly stressful life event, and the death of a child is often considered the most devastating type of bereavement. A child's death at any age is associated with significant adverse effects on parents' health and psychological well-being.

When considering the link between the death of a child and parents' subsequent psychological distress, overall patterns of distress across racial/ethnic groups must be considered. A consistent epidemiologic finding is that Black and U.S.-born Hispanic Americans experience more psychological distress than White Americans. In addition, depressive symptoms are more prevalent for U.S.-born than foreign-born Hispanic adults in the United States. This last finding highlights the importance of considering where a person was born when exploring similarities and differences across Hispanic populations.

Using data from the Health and Retirement Study, a large, nationally representative sample of the United States population over age 50, this research brief reports on a recent study¹ in which the authors consider whether experiencing a child's death is associated with parents' subsequent psychological distress in mid to later life.

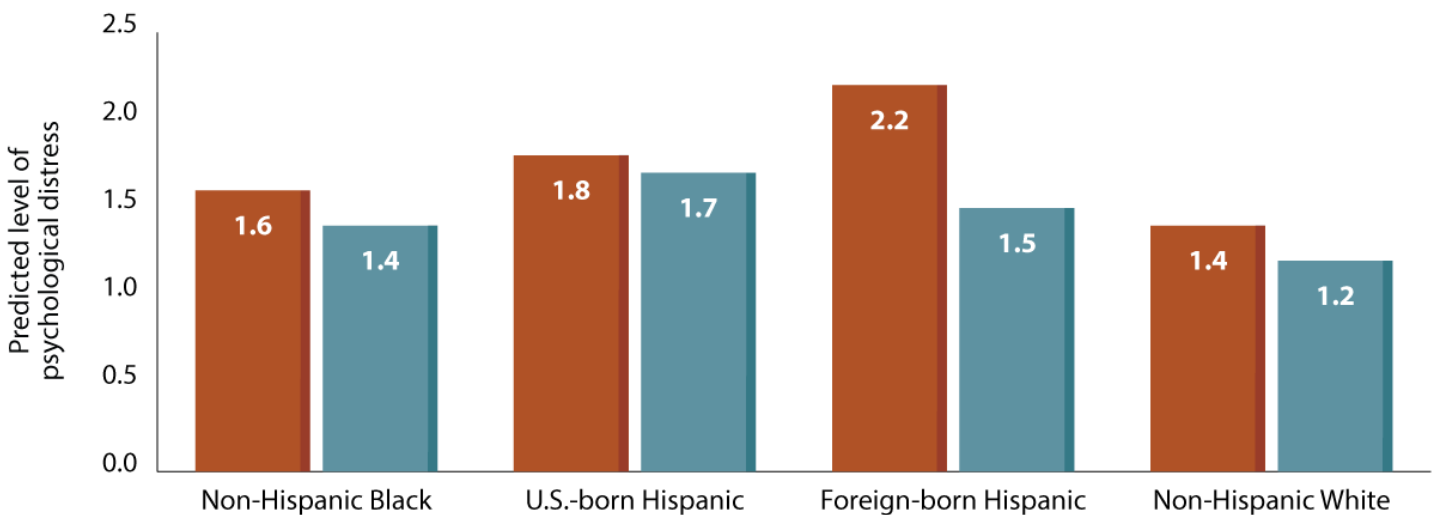
The authors document variation in life course exposure to the death of a child for Black, White, U.S.-born Hispanic, and foreign-born Hispanic parents. Next, in recognition of systemic racism that contributes to racial/ethnic disparities in mortality and bereavement, they focus on racial and ethnic disadvantage in exposure to child death as a traumatic life course event that may add to racial/ethnic disadvantage in psychological distress. Finally, in light of greater stress and discrimination experienced by Black and Hispanic populations, they explore whether the death of a child has stronger effects on psychological distress for Black and Hispanic parents than for White parents.

KEY FINDINGS

- ▶ **Among mid to later life parents, Black and U.S.-born Hispanic parents have the highest likelihood of experiencing a child’s death in their lifetime:** 21% of non-Hispanic Black parents and 20% of U.S.-born Hispanic parents have experienced the death of a child compared to 15% of foreign-born Hispanic parents and 13% of non-Hispanic White parents.
- ▶ **A child’s death at any point in the life course is associated with increased psychological distress in mid to later life for Black, Hispanic, and White parents,** further underscoring the lasting effects of the death of a child on parents. *See Figure.*
 - ▶ These findings add to growing evidence of the lifelong effects of experiencing the death of a child. Other recent studies from the authors show that the death of a child also increases mortality² and dementia risk³ during the life course.
- ▶ **Black and Hispanic parents who have experienced the death of a child have the highest levels of psychological distress.** *See Figure.*
 - ▶ Black and U.S.-born Hispanic parents are doubly disadvantaged by their greater likelihood of child bereavement and higher distress levels regardless of bereavement.
 - ▶ Foreign-born Hispanic parents are also disadvantaged by their greater vulnerability to high levels of distress in response to a child’s death.
- ▶ **The effects of losing a child on later psychological distress persist beyond the effects of other major life stressors.** This finding underscores the profound and lasting impact of a child’s death and the disadvantages experienced by racial and ethnic minority parents and communities.

Parents who experienced a child’s death had higher levels of psychological distress in mid to later life than their counterparts who did not experience a child’s death

Black and Hispanic parents who experienced a child’s death had the highest levels of psychological distress



Bars depict predicted levels of psychological distress generated from multilevel models; see published paper for confidence intervals. Source: Health and Retirement Study, 2006-2016.

POLICY IMPLICATIONS

Higher exposure to stress among Black and Hispanic Americans compared to White Americans is central to the production of health disparities in the United States. The death of a child is a uniquely stressful life event with lasting consequences that add to racial/ethnic disparities in the health and well-being of mid to later life adults.

Currently, the significant health consequences of bereavement remain largely invisible and untreated in diverse older populations. Given the prevalence of child death – particularly in racial/ethnic minority populations – along with the lasting consequences of loss, greater attention should be directed toward screening and intervention. Routine doctor visits as well as emergency medical visits provide an opportunity to screen for bereavement-related risks. A national bereavement leave policy would bring attention to bereavement as a public health problem and make it possible for bereaved parents to receive needed care and time off work.

In addition, future studies should identify the pathways through which bereavement affects psychological distress. It will be by disrupting these pathways that future policy and practice efforts may help to reduce the long-term adverse effects of bereavement on psychological distress across diverse populations. Future data collection should also address racial/ethnic differences in the risks and consequences of bereavement so as to be able to better design policies and interventions to close the gaps between racial/ethnic minority and White populations.

REFERENCES

- ¹Umberson, D. & Donnelly, R. (2021). The death of a child and parents' psychological distress in mid to later life: Racial/ethnic differences in exposure and vulnerability. *Journal of Gerontology: Social Sciences* Published online ahead of print.
- ²Donnelly, R., Umberson, D., Hummer, R.A. & Garcia, M.A. 2020. Race, death of a child, and mortality risk among aging parents in the United States. *Social Science & Medicine* 249:112853.
- ³Umberson, D., Donnelly, R., Xu, M., Farina, M. & Garcia, M.A. 2020. "Death of a child prior to midlife, dementia risk, and racial disparities." *Journal of Gerontology: Social Sciences* 75(9):1983-1995.

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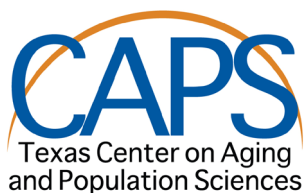
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