

An illustration within a circular frame showing a woman in a purple coat and a child in a blue coat standing next to a large, grey, rectangular gravestone. The woman is looking down at the child, who is also looking down. There are some flowers at the base of the gravestone. The background shows some trees and a hazy sky.

Sibling Bereavement in Early Childhood: Developmental Trauma and Lifelong Implications

Understanding Trauma and The Mental Health
Needs Of The Child



AI Declaration

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Introduction

Sibling bereavement in early childhood is often overlooked, yet it can shape emotional development, sense of safety, and relationships across the lifespan (Aamodt, Bugge, & Darbyshire, 2019).



Early childhood is a sensitive developmental period where bereavement can affect emotional regulation, attachment, and stress-response systems (Schonfeld & Demaria, 2016).

- This presentation explores:
- How young children understand death
- The unique nature of sibling loss
- Developmental and implications
- Trauma-informed, culturally sensitive support.



Why Focus on Early Childhood?

Early childhood is a period of rapid neurological and emotional development.

Stress and loss during this window can shape emotional regulation, attachment, and stress-response systems (D'Souza & Schmidt, 2021).

Children rely heavily on caregivers and siblings for co-regulation and predictability.

Sibling death disrupts relational stability and alters the emotional climate of the home.

Young children are highly attuned to these changes, even without the language to express them (Aamodt, Bugge, & Darbyshire, 2020).



Developmental Understanding of Death (0–5 years)

Children under five typically do not understand death as permanent, irreversible, or universal (Schonfeld & Demaria, 2016).

Their thinking is concrete and egocentric, shaped by immediate experience (Bashrin, 2015).

Magical thinking is common — children may believe their thoughts or actions caused the death.

Euphemisms (e.g., “gone to sleep”) can increase confusion or anxiety; clear, concrete language is essential (Child Bereavement UK, 2021).

Developmental limitations can intensify distress, making honesty, predictability, and a caring caregiving crucial.



The Unique Nature of Sibling Loss

Sibling bereavement is distinct from other childhood losses.

Siblings often act as attachment figures, playmates, and co-regulators, so their death removes a key relational anchor (Horn et al., 2019).

Sibling relationships shape identity, routines, and shared meaning.

Loss can lead to role confusion, survivor guilt, and disruption of the child's emerging sense of self (Towers, 2024).

Sibling grief is often less recognised, contributing to disenfranchised grief (Ravenscroft, 2022).

Children may sense parental distress or take on new roles within the family.



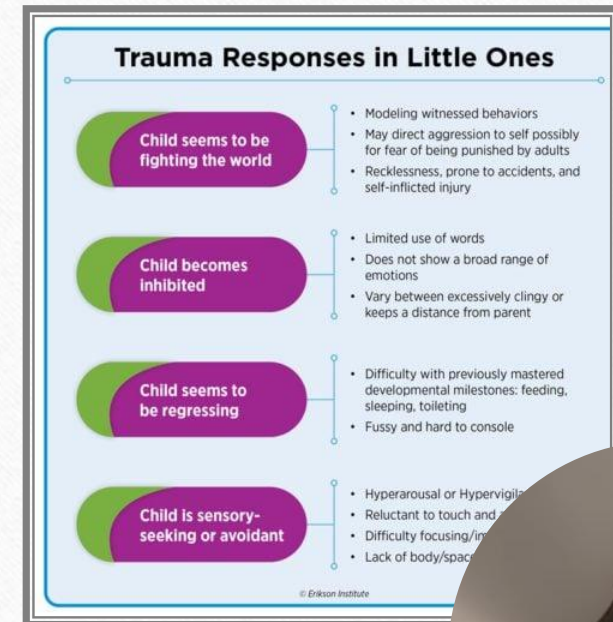
Trauma Responses in Early Childhood

Young children have a tendency to express trauma and grief through behaviour and the body, not verbal narratives.

Traumatic bereavement occurs when the death overwhelms the child's ability to cope, creating a dual process of trauma and grief (UK Trauma Council, 2024).

Common responses include:

- Regression in toileting or sleep
- Clinginess, irritability, or withdrawal
- Stomach aches
- Avoidance or reenactment of themes of separation in play
- Sudden or frightening deaths, or beliefs that they caused the loss, can lead to guilt and shame.
- Bereavement can activate the stress-response system, especially when co-regulation and predictability are disrupted (Aldrich et al., 2021).
- Trauma-informed support prioritises safety, emotional regulation, and attuned caregiving, recognising how parental trauma responses can intensify the child's distress.



Developmental & Psychosocial Implications of Early Childhood Sibling Bereavement

Sibling bereavement in early childhood can affect development both immediately and long-term.

Short-term impacts include behavioural changes, emotional dysregulation, and attachment difficulties.

Sibling death is associated with declines in cognitive and socio-emotional outcomes (Fletcher et al., 2020) and increased risk of anxiety, depression, and identity challenges such as survivor guilt (Popp et al., 2015).

Long-term effects depend heavily on the family's response. Reduced parental emotional availability increases vulnerability, while secure attachment and attuned caregiving offer protection.

Although bereavement appears within the ACEs framework, outcomes vary widely depending on context, relationships, and resilience.



Family Systems Perspective

Sibling bereavement affects the entire family system, reshaping roles, routines, and emotional dynamics.

Parental grief may reduce emotional availability, increasing children's feelings of instability.

Young children often mirror the emotional climate of caregivers.

Some children may take on additional responsibilities or become parentified as the family reorganises.

Protective factors include warm, responsive caregiving, consistent routines, and open communication (Walsh, 2016; St. John et al., 2018).

A systemic, trauma-informed approach supports each family member's grief while fostering connection and flexibility.



Attachment Theory

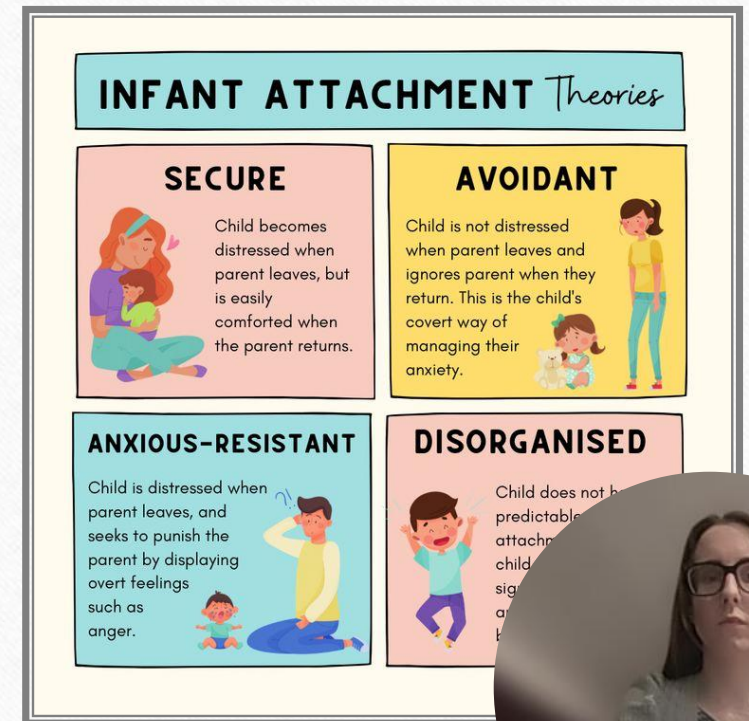
Sibling bereavement can disrupt a young child's sense of safety and emotional regulation.

The loss, combined with shifts in parental behaviour and emotional availability, can heighten insecurity (Bowlby, 1989; Ainsworth et al., 1978).

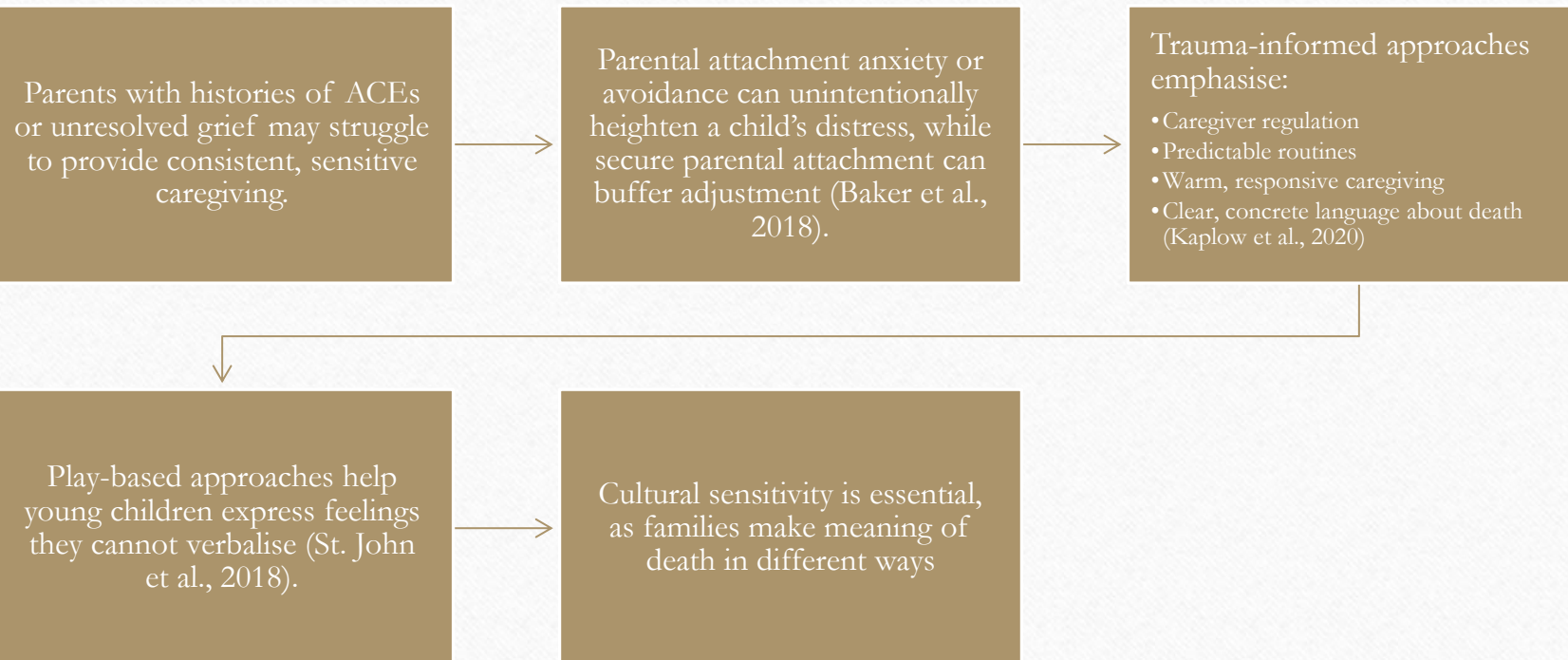
Intergenerational trauma adds further risk, as parents with ACEs or unresolved grief may struggle to provide consistent, attuned caregiving.

Secure parental attachment can buffer children's distress, while parental anxiety or avoidance may amplify it (Baker et al., 2018).

Trauma-informed support focuses on helping caregivers regulate their own grief, maintaining predictable routines, offering warm, responsive caregiving, and using clear, concrete communication.



Trauma-Informed Approaches



Questions and Bereavement

Children's questions are central to their bereavement journey.

Young children often ask about causes of death, preventability, ongoing bonds, and what happens after death (Joy et al., 2024).

Avoiding these questions can increase distress; honest, age-appropriate answers support coping.

Families and schools play key roles in providing information, validating emotions, and offering expressive outlets such as play and storytelling.

Play-based therapeutic approaches help children communicate feelings they cannot verbalise (St. John et al., 2018).

Evidence for early childhood and especially sibling bereavement remains limited.

Ethical practice requires balancing support with respect for family autonomy and cultural practices.



Interventions

Interventions range from universal supports to targeted therapies.

Universal: psychoeducation, normalising grief, safe environments, and strengthening coping and emotional literacy (Wolpert et al., 2021).

Secondary: Family Bereavement Program and peer-based supports (e.g., bereavement camps) improve communication, reduce isolation, and build resilience (McClatchey, 2018).

Tertiary: TF-CBT has the strongest evidence for traumatic bereavement, reducing PTSD and complicated grief symptoms even in young children (Cohen et al., 2017).

Across all levels, trauma-informed, culturally sensitive, and systemic approaches are essential (Isobel et al., 2019).



Implications for Practice

Despite progress, major gaps remain in the evidence base.

Research still focuses on older children or parental bereavement, with limited evidence on sibling loss in the 0–5 age group (Bugge et al., 2014; McClatchey, 2018).

Methodological limitations, small samples, limited controls, reliance on parent-report further weaken findings (Sandler et al., 2016).

Interventions are often not developmentally or culturally tailored, and trauma-informed approaches at organisational levels lack robust evaluation (Isobel et al., 2019).

Assessment tools remain limited, and inequities in access persist (Yoshikawa et al., 2012).

Practice should prioritise early identification, contextual understanding of behaviour, multi-agency collaboration, reflective practice, cultural sensitivity, and ethical decision-making.



Conclusion

In conclusion, Sibling bereavement in early childhood is a profound and often overlooked experience. Young children may not fully understand death, but they feel its impact deeply through changes in relationships, routines, and emotional availability. A trauma-informed, developmental, and systemic approach is essential supporting both the child and the family, promoting safety, predictability, and attuned caregiving. Despite progress, significant gaps remain in research, assessment tools, and equitable access to support. Strengthening workforce training, embedding trauma-informed practice across services, and co-producing interventions with families are key steps forward. Ultimately, our collective responsibility is to ensure that no child grieves alone, and that bereaved siblings are met with compassion, validation, and hope.



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