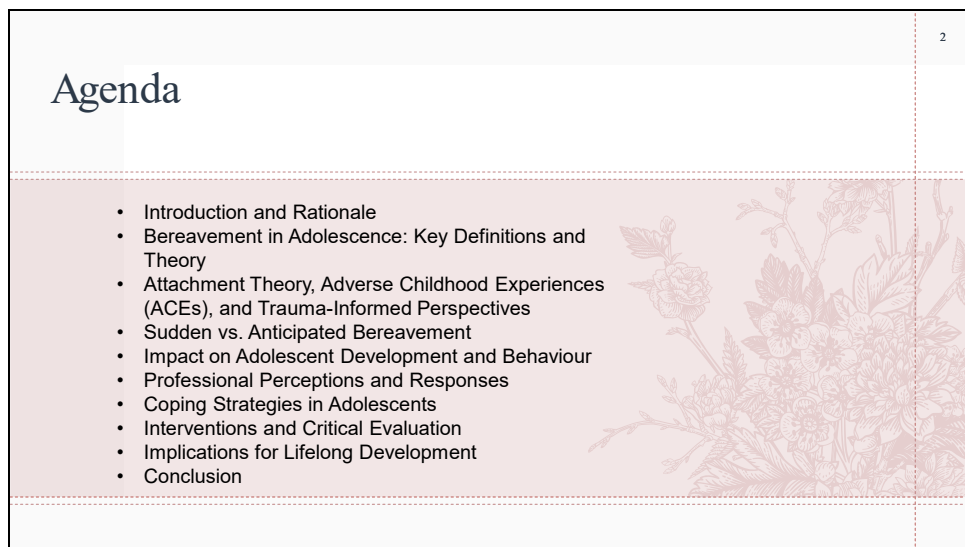




Introduction and Rationale

- Bereavement as an adverse childhood experience
- Adolescence as a critical developmental period
- Variability in grief responses among young people
- Importance of trauma-informed and culturally sensitive approaches



Around 78% of UK adolescents report being bereaved of a close relative or friend by age 16." (Childhood Bereavement Network estimates)

- Bereavement during childhood and adolescence can be a significant adverse experience
- Within the ACEs framework, bereavement should be understood as an ongoing process rather than a single event
- Adolescence is a sensitive developmental period involving emotional, social, and identity changes
- Experiencing the death of a close family member during this stage may disrupt emotional regulation and attachment security
- Grief responses in adolescents are highly variable and influenced by factors such as:
Nature of the loss Family and social support
- Cultural context
- Previous experiences of adversity
- Highlights the importance of trauma-informed and culturally sensitive approaches
- Understanding adolescent bereavement is essential for professionals across education, health, social care, and youth justice due to potential lifelong implications

Key Definitions and Terminology

- Bereavement, grief, and mourning
- Adolescence as a developmental stage
- Adverse Childhood Experiences (ACEs)
- Attachment theory



- Bereavement refers to the experience of losing a significant person through death
- Grief describes the emotional, psychological, and behavioural responses to loss
- Mourning refers to the social and cultural expressions of grief
- Adolescence is typically defined as ages 13–18 and is a period of rapid emotional, social, and identity development
- Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before the age of 18, including family bereavement
- ACEs are associated with increased risk of long-term mental health and behavioural difficulties, particularly when multiple adversities are present
- Attachment theory (Bowlby) emphasises the importance of early emotional bonds; loss of an attachment figure can disrupt feelings of safety and security
- Attachment styles may influence how adolescents experience and cope with bereavement

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Bereavement in Adolescence: Attachment and ACEs Perspectives

- Bereavement as a disruption of attachment
- Adverse Childhood Experiences (ACEs) and cumulative risk factors
- Emotional and behavioural responses during adolescence
- Protective and risk factors

Approximately 3.5% of school-age children have been bereaved of a parent or sibling — about one per classroom. (Childhood Bereavement Network estimates)

Bereavement can be understood as a disruption to attachment relationships, particularly when a close family member dies

Loss of an attachment figure may reduce feelings of safety, emotional security, and stability in adolescence

Within the ACEs framework, bereavement is viewed as a potentially traumatic experience that may contribute to cumulative risk

The impact of bereavement is often influenced by other adversities (e.g. family conflict, poverty, parental mental health)

Adolescents may show emotional and behavioural responses such as:

- Withdrawal or emotional numbness
- Anger or irritability
- Risk-taking or challenging behaviour
- Difficulties at school or in relationships

These behaviours may represent coping responses rather than intentional misconduct

Protective factors include secure attachments, peer support, family communication, and access to appropriate support

Highlights the importance of trauma-informed approaches that recognise both risk and resilience



Sudden vs Anticipated Bereavement

- Sudden death (accident, suicide, unexpected illness)
- Anticipated death (long-term illness, terminal diagnosis)
- Differences in adolescent grief responses
- Impact on coping strategies and emotional processing

Around 4.7% of young people will have experienced the death of a parent by age 16.” (*Childhood Bereavement Network, 2024*)

Sudden death: accidents, suicide, unexpected illness; often leads to shock, trauma symptoms, and difficulty processing

Anticipated death: long-term illness; allows preparation, memory-making, saying goodbye

Grief is still significant in both cases, but experiences differ

Professional support may need to be tailored depending on the type of loss

Highlights the importance of trauma-informed approaches

Impact on Adolescent Development and Behaviour

- Emotional responses: sadness, guilt, anger, anxiety
- Social impact: withdrawal, peer relationship challenges
- Behavioral responses: risk-taking, substance use, school difficulties
- Lifelong implications: mental health, relationships, adult functioning
- Professional perspectives: differing interpretations of adolescent behavior

"An estimated **46,300 dependent children** in the UK are bereaved of a parent each year — roughly **127 per day**." (*Childhood Bereavement Network, 2024*)



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Emotional: sadness, guilt, anger, anxiety

Social: withdrawal, peer relationship challenges, isolation

Behavioural: risk-taking, substance use, school difficulties

Behaviours often reflect

coping strategies, not intentional misconduct

Professional perspectives:

Police/education may see as behavioural problems

Social workers/mental health see as grief response / cry for help

Lifelong implications if unsupported: mental health issues, relationship difficulties, adult functioning

Critical point: need trauma-informed, multi-agency support to recognise both risk and resilience



Professional Perceptions and Responses

- Behaviour is interpreted differently by various professionals.
- Police and the justice system.
- Schools and teachers.
- Social workers and mental health professionals.
- There is a risk of mislabeling normal grief as problematic behaviour.
- Emphasizing the importance of multi-agency, trauma-informed approaches.

Behaviour may be seen differently depending on the professional:

- Police: delinquency/misconduct
- Schools: challenging or disruptive behaviour
- Social workers / mental health: coping strategy / cry for help

Mislabelled behaviours may prevent adolescents from accessing support

Multi-agency collaboration and trauma-informed approaches are critical

Recognises context, coping, and resilience when interpreting behaviours

Coping Strategies in Adolescents

-  Peer support and friendships
-  Avoidance behaviours (e.g., withdrawal, distraction)
-  Risk-taking behaviours (substance use, aggression)
-  Emotional regulation challenges

Over 70% of primary schools have a recently bereaved pupil on their register." (Childhood Bereavement Network, 2024)

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Peer support: friends can provide understanding, validation, shared experience

Avoidance behaviours: withdrawal from family or school, distraction; may prevent processing emotions

Risk-taking behaviours: substance use, aggression, unsafe activities; often attempts to cope with grief

Emotional regulation: adolescents may lack language or skills to express grief

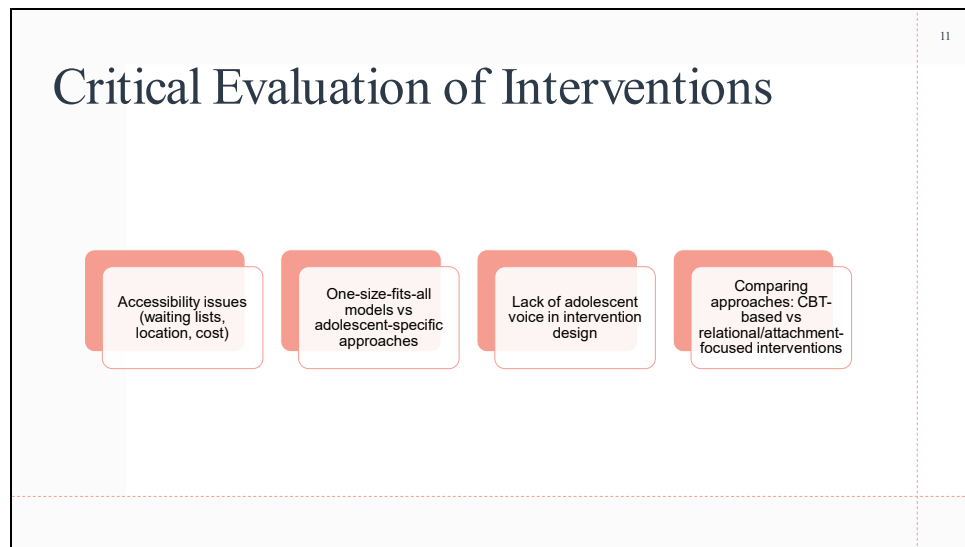
Critical point: coping strategies are individual; short-term adaptive vs long-term harmful

Interventions and Support Strategies

- Counselling/grief therapy (individual or group)
- Peer support groups/youth bereavement programmes
- Family-based support and open communication
- School-based interventions
- Trauma-informed and culturally sensitive approaches



- Counselling / therapy: individual or group support for processing grief and building coping skills
- Peer support / youth bereavement programmes: reduce isolation, shared experience
- Family-based support: open communication, memory-sharing, involvement in rituals
- School interventions: check-ins, counselling, flexible arrangements
- Trauma-informed & culturally sensitive approaches: tailor support to individual background and needs
- Critique / limitations:
 - Inconsistent access, waiting lists
 - One-size-fits-all programmes
 - Lack of long-term research evidence, especially on sibling loss



Accessibility issues: waiting lists, regional availability, cost barriers

One-size-fits-all limitations: interventions may not meet individual adolescent needs

Adolescent voice: often excluded from intervention design

Approach comparison:

- CBT-based: thoughts, coping strategies, skills-focused
- Relational/attachment-focused: emotional processing, attachment security, relationship support

Critical point: interventions need to be flexible, adolescent-centred, and evidence-informed

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Research Synthesis & Limitations

- Most research focuses on parental death; less on sibling loss
- Many studies are retrospective
- Western-centric grief models; limited cultural diversity
- Lack of adolescent-specific evidence
- Highlights need for culturally sensitive, tailored interventions

- Focus on parental death: sibling loss understudied
- Retrospective studies: memory bias, may miss real-time experiences
- Western-centric models: limited cultural applicability
- Lack of adolescent-specific evidence: adult programmes adapted, developmental differences overlooked
- Critical point: need culturally sensitive, adolescent-centred, longitudinal research involving young people themselves

Implications for Lifelong Development

- Mental health trajectories (depression, anxiety, PTSD risk)
- Educational and employment outcomes
- Adult relationships and attachment
- Parenting and family dynamics
- Protective factors and resilience
- Link to ACEs, attachment, trauma-informed practice

Mental health: risk of depression, anxiety, PTSD

Education/employment: grief can affect school engagement, motivation, life opportunities

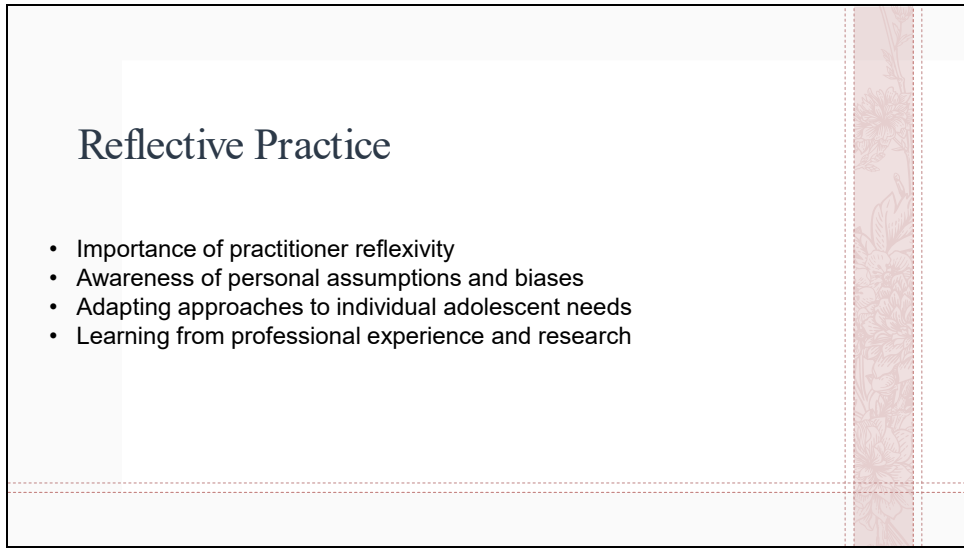
Relationships: Attachment disruption may influence adult relationships

Parenting/family: unresolved grief can affect future family dynamics

Protective factors: family support, peer support, school, trauma-informed services

Critical point: outcomes are not deterministic; resilience is possible

Link to theory: ACEs, attachment, trauma-informed practice



Reflective Practice

- Importance of practitioner reflexivity
- Awareness of personal assumptions and biases
- Adapting approaches to individual adolescent needs
- Learning from professional experience and research

Practitioner reflexivity: examine own beliefs, assumptions, responses

Awareness of biases: avoid misinterpreting adolescent behaviour

Adapting approaches: tailor interventions to individual needs

Learning from: experience, adolescents' perspectives, research

Critical point: reflective practice improves support and professional development



Bereavement is complex & non-linear: each adolescent's grief is unique

Influencing factors: attachment, context, support, culture

Responses vary: withdrawal, risk-taking, resilience, adaptive coping

Professional implication: trauma-informed, multi-agency, tailored support

Critical point: integrate theory, interventions, and reflective practice to support lifelong wellbeing

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