

THE IMPACT OF BEREAVEMENT ON A GROUP OF CHILDREN BETWEEN 7-11.

PRESENTATION OVERVIEW

- Understanding Bereavement in Childhood
- Immediate Effects
- Long-Term Developmental symptoms
- Protective Factors and Resilience
- Strengths and limitations of current studies



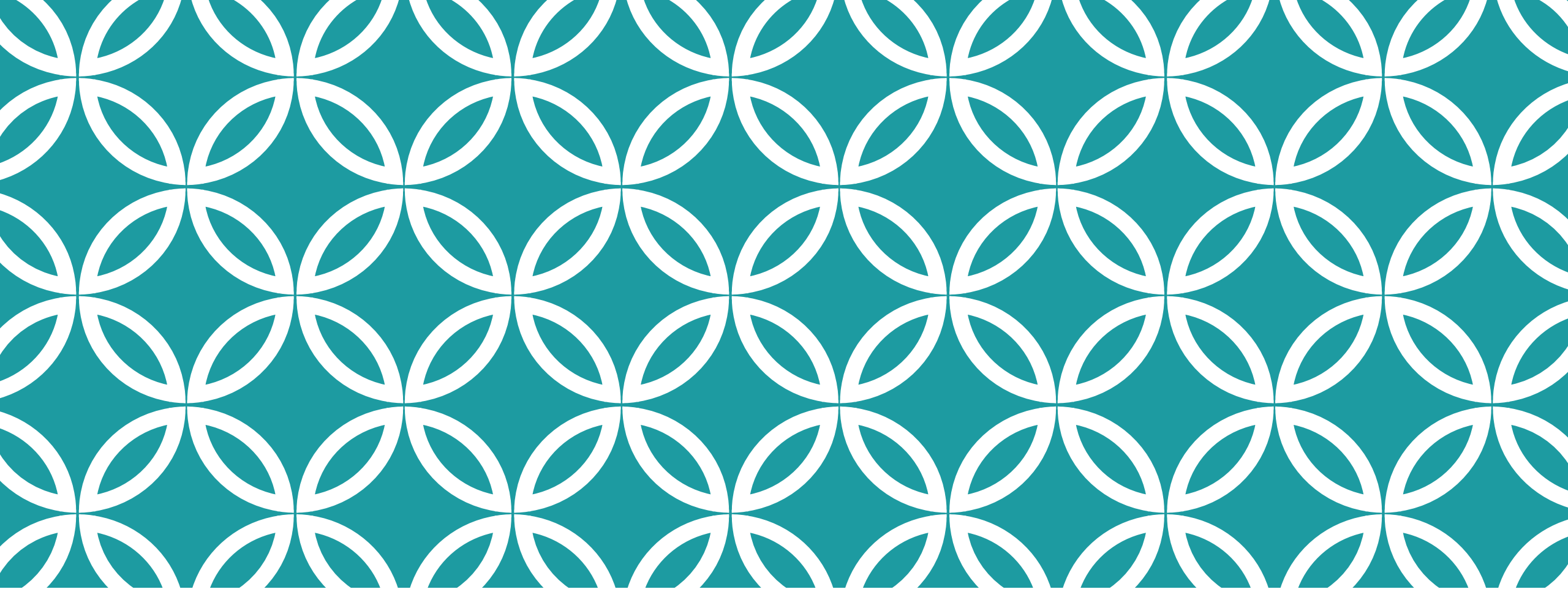
Basic Acknowledgement format of AI tool use

I acknowledge the use of Google Scholar to research literature.

I acknowledge the use of google images to search for images.

I have used PowerPoint to create my presentation.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.



UNDERSTANDING BEREAVEMENT IN CHILDHOOD



DEFINITIONS AND TYPES OF CHILDHOOD BEREAVEMENT

Childhood Bereavement

Childhood bereavement refers to the loss of a significant person, typically a caregiver, during childhood (Kentor & Kaplow).

Types of Bereavement

Bereavement types include sudden or expected loss, parental death or loss of sibling or even abandonment. each affecting the child's coping and emotional response differently.

These types of bereavement can impact and influence children's responses in different ways such as emotionally, physically and mentally (Burns et al, 2020).



PREVALENCE AND DEMOGRAPHIC CONSIDERATIONS



Bereavement Prevalence Variations

Bereavement rates can vary across different populations due to developmental, contextual, socioeconomic status and family structure factors (Kentor & Kaplow, 2020; Sallom et al, 2025).

Cultural Impact on Bereavement

Cultural backgrounds affect how individuals experience and cope with bereavement, requiring sensitive support (Burns et al, 2020).

Need for Targeted Support

Recognizing demographic influences such as age, relationship and type of loss is essential for designing bereavement support approaches.



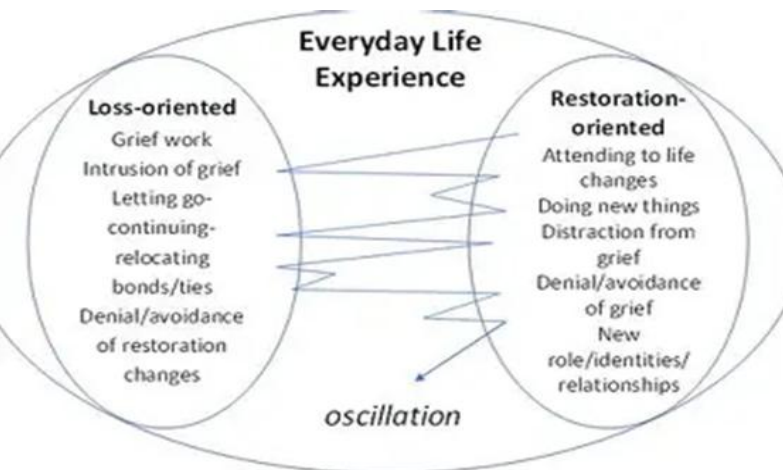
THEORETICAL FRAMEWORKS USED IN RECENT LITERATURE

There are many theoretical frameworks considered when developing supportive interventions for bereaved children.



Kubler-Ross- stages of grief.- There are 5 stages of grief: denial, anger, bargaining, depression and acceptance (CRUSE, 2026; Corr, 2018).

Stroebe and Schut- Dual process model- suggested healthy grieving involved moving back and forth between a dual process of loss-orientated coping and restoration-orientated coping (Stroebe & Schut,2010).

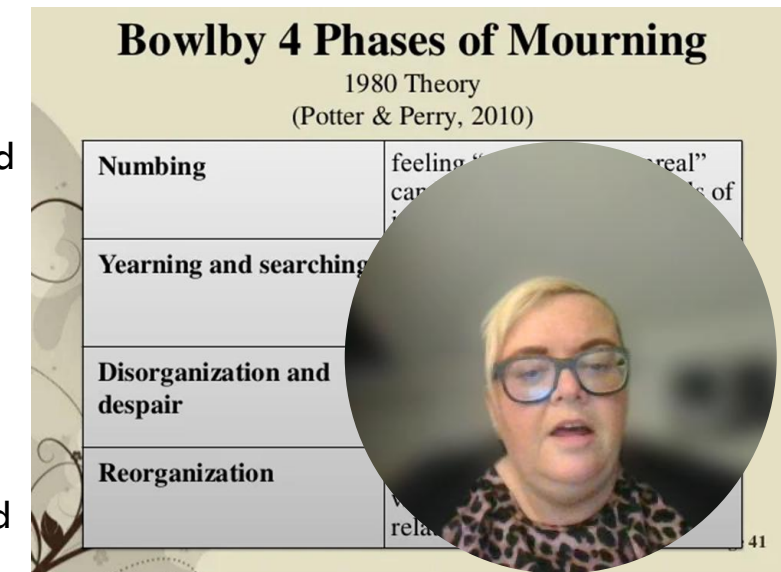


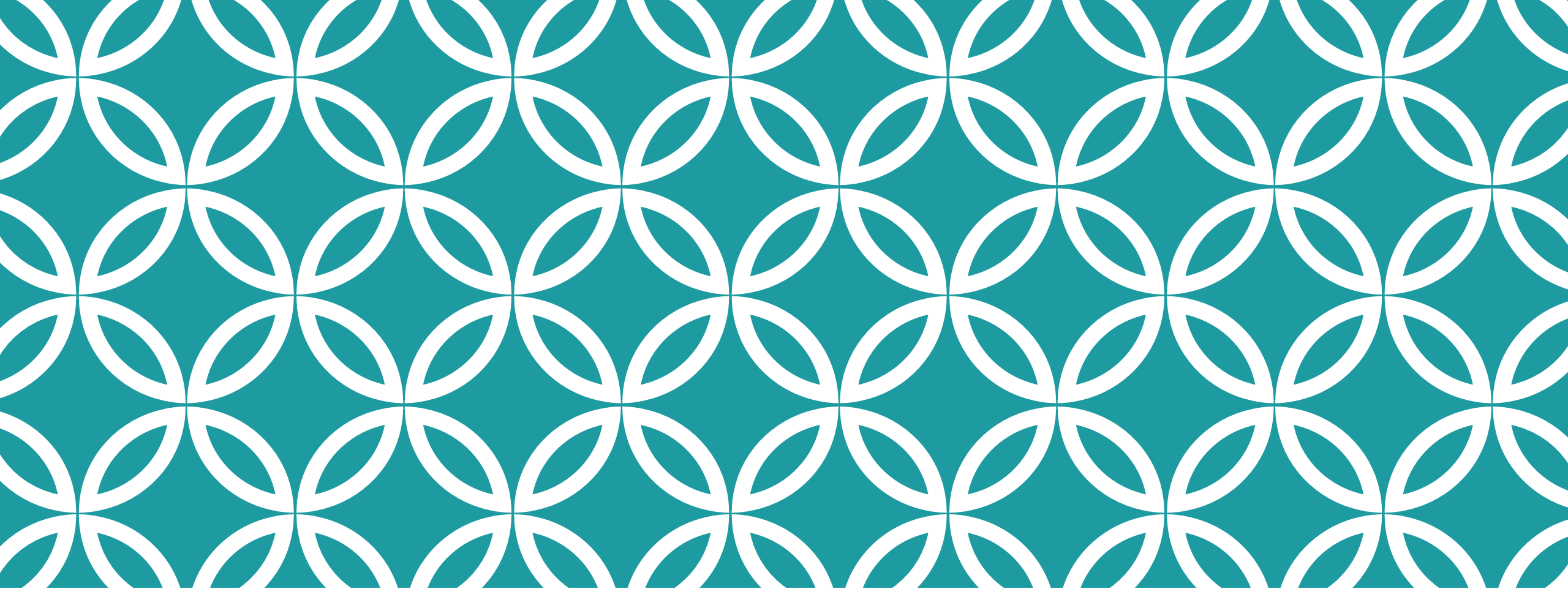
Tonkin's model- Tonkin found that grief does not shrink or disappear overtime, but life grew around the grief (Tonkin, 1999).



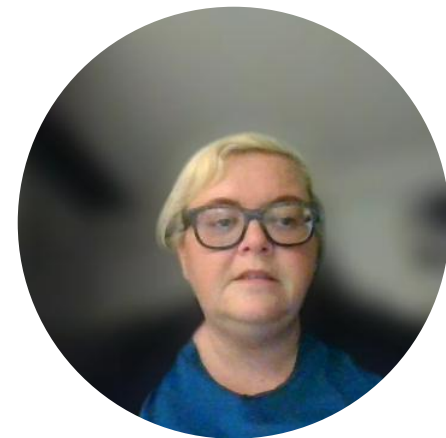
Bowlby: Attachment, separation and loss- grief happened due to developing strong attachments as strong emotions were expected when losing something so important (Shaver & Fraley, 2008; Bowlby, 1980).

Parkes- The four phases of Grief- Parkes created the 4 phases based on Bowlby's work: shock and numbing, yearning and searching, disorganisation and despair and reorganisation and recovery (Parkes, 1998)





THE IMPACT OF BEREAVEMENT ON CHILDREN



EMOTIONAL IMPACT



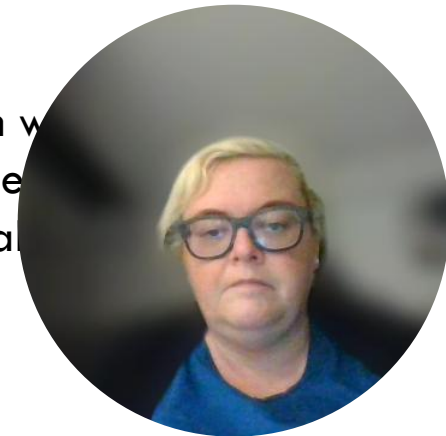
- Grief is a powerful physical and emotional experience which can impact a child differently (McLaughlin et al, 2019).
- A child can experience different emotions during bereavement such as sadness, confusion, anxiety and anger (Luecken et al, 2023).
- Bergman et al (2020) found that children who could not express their grief had a greater risk of showing symptoms of depression and anxiety in the months following the bereavement.
- Research shows that 30% of bereaved children experience grief symptoms which could include prolonged symptoms, depression, impairments and PTSD (2017; Melhem et al, 2011).





BEHAVIORAL IMPACT

- Hypervigilance and separation anxiety are common trauma symptoms observed in young children experiencing bereavement as they lose their attachment relationship and fear losing another loved one (Kaplow et al (2019) .
- Bereavement in young children can lead to the children regressing to earlier developmental stages such as needing a comforter or bed wetting (Piaget, 1952; Bryant, 2014).
- Bereaved children may occur sleep disturbances such as nightmares and Insomnia (Bryant, 2014; Stikkelbroek, 2015).
- Research has shown that children who do not receive support have a greater risk of developing disruptive behaviours (Haine et al



COGNITIVE IMPACT



- The cognitive understanding of death evolves rapidly at the age of eight.
- Children may believe that their thoughts or actions caused the death (Acri et al, 2021).
- Children can struggle to remember the loved one with memories and begin to become confused about the past and become anxious and angry in the process (Corr, 2018).
- Bereavement will also impact a child's cognitive development which will affect them as they experience challenges with concentration, memory loss and problem solving (Sallie, 2025).



SOCIAL IMPACT



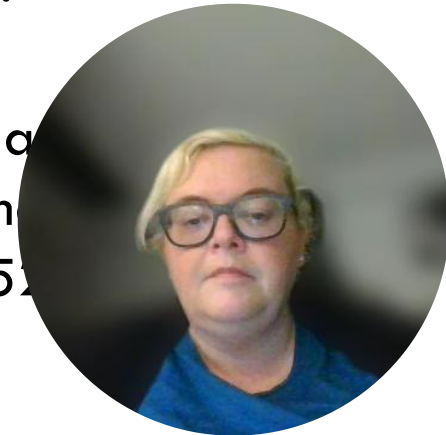
- Bereavement often interrupts a child's social world (Dyregov et al, 2015).
- Bereaved children may feel lonely and isolated from peers and family (Haine et al, 2018).
- Children who experience grief can withdraw socially, become reluctant to participate in activities and find making and maintaining friendships difficult (McLaughlin et al, 2015).
- Some children will seek peer attention and relationships with others who have the same (Ridley & Frache, 2020).

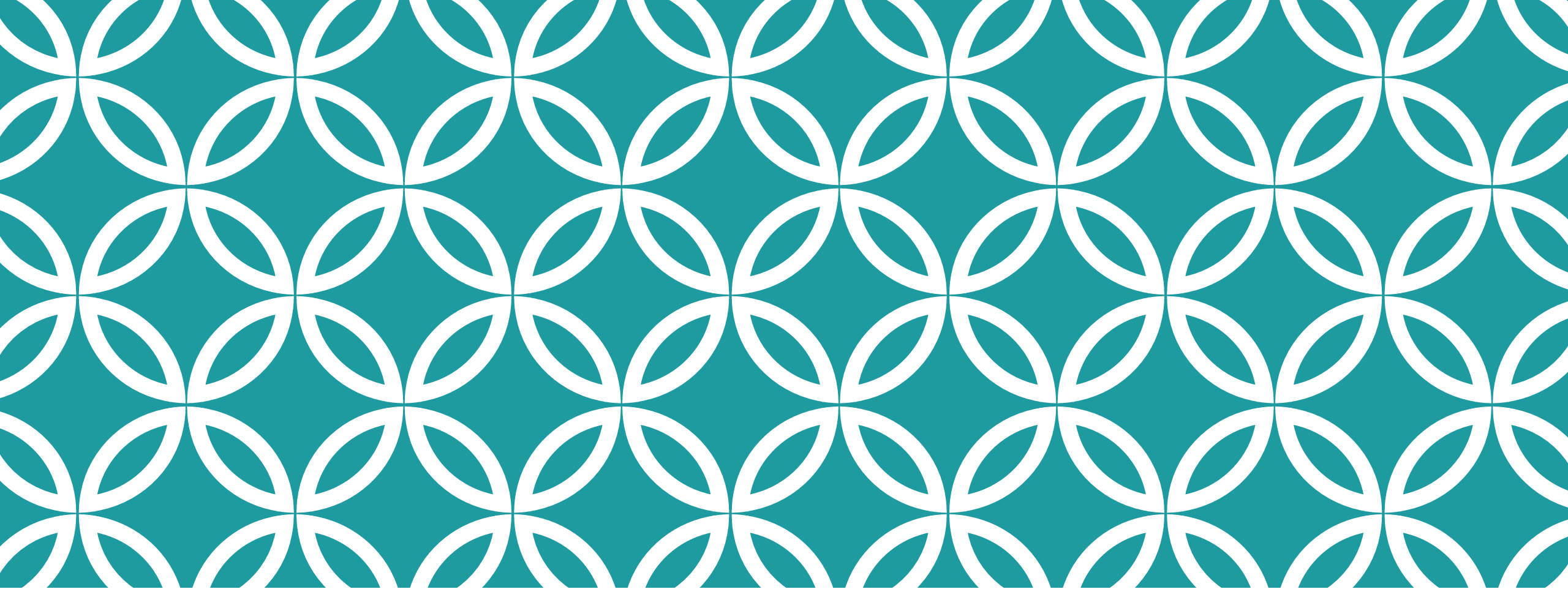


DEVELOPMENTAL CONSIDERATIONS



- Losing a loved one and experiencing bereavement can create challenges in understanding and expressing emotions (Kantor & Kaplow, 2020).
- Bowlby's attachment theory suggests that strong attachments formed in early childhood which are threatened by bereavement can lead into long term difficulties in trust and emotional regulation (Bowlby, 1980; Nickerson et al, 2017).
- Bereavement can have a negative impact on a child's developmental milestones causing regression and needing dependency (Piaget, 1952).





LONG-TERM DEVELOPMENTAL CONSEQUENCES



MENTAL HEALTH OUTCOMES

- Children who experience a death of a parent or sibling are more likely to develop symptoms of depression, anxiety, PTSD and substance misuse (Luecken et al, 2023).
- The loss of parents or siblings in childhood shows an increase of 49% in the risk of developing low stress resilience (Kennedy et al, 2018).

Research has shown that child bereavement can impact stress resilience in adolescence which can then be displayed as a risk of psychiatric disorders in adult life. These include :

- 10.6% substance abuse
- 19.4% anxiety with a loss of a sibling
- 21.7% anxiety with a loss of a parent
- 15.6% depression

(Bjorndal et al, 2025).



ACADEMIC AND OCCUPATIONAL OUTCOMES

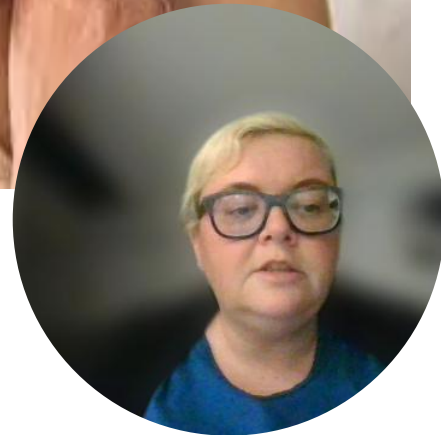


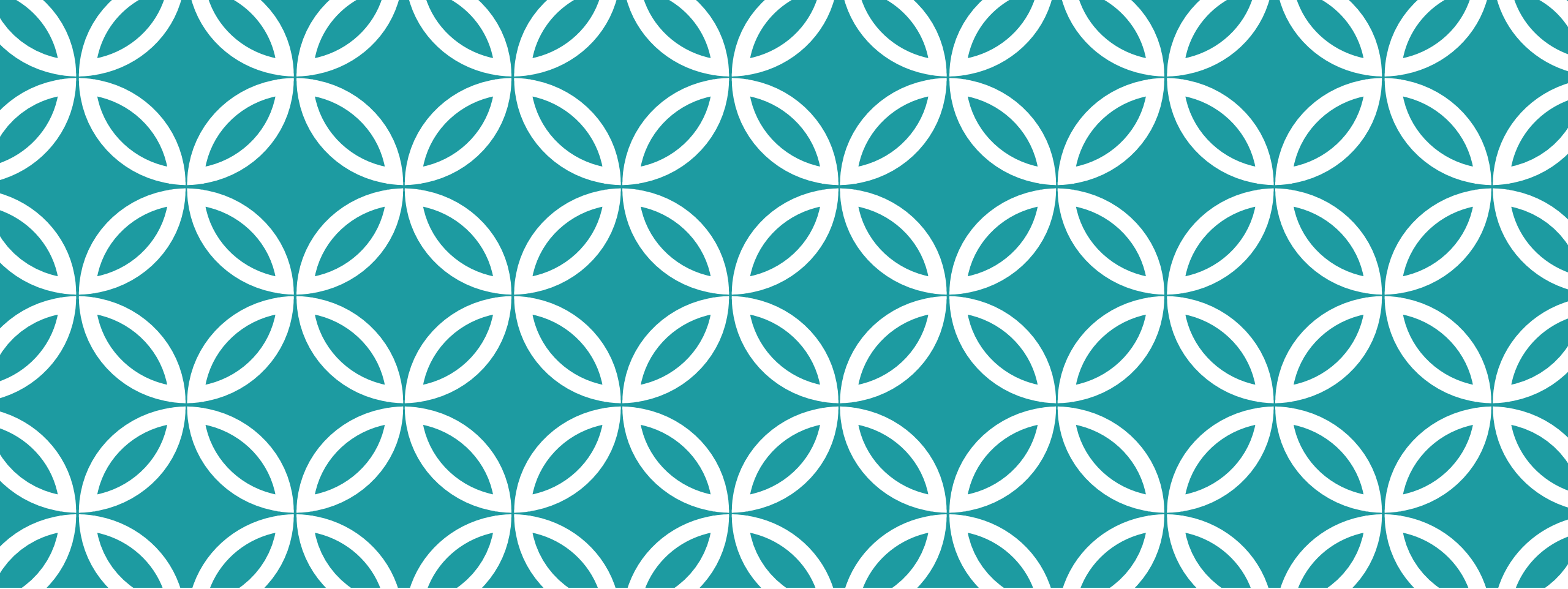
- Bereavement in childhood can have a negative impact on education success and career progression (McLaughlin et al, 2019).
- Continuous emotional distress can lead to challenges in school which can result in lower academic achievements (Kaplow et al, 2017).
- Research shows that adults who have experienced childhood bereavement have a greater risk of unemployment (McLaughlin et al, 2019).



ATTACHMENTS AND RELATIONSHIPS

- Childhood bereavement can impact and shape adult attachment styles.
- Children who have experienced bereavement can often show difficulties forming and maintaining relationships as they have a fear of being abandoned and have developed trust issues (Nickerson et al, 2017).
- There is research which shows that some adults experience post traumatic growth where they develop greater empathy, resilience and supports them to create deeper connections. This can only be achieved if they have supportive and nurturing relationships around them (Bergman et al, 2020).





PROTECTIVE FACTORS AND RESILIENCE



RESILIENCE

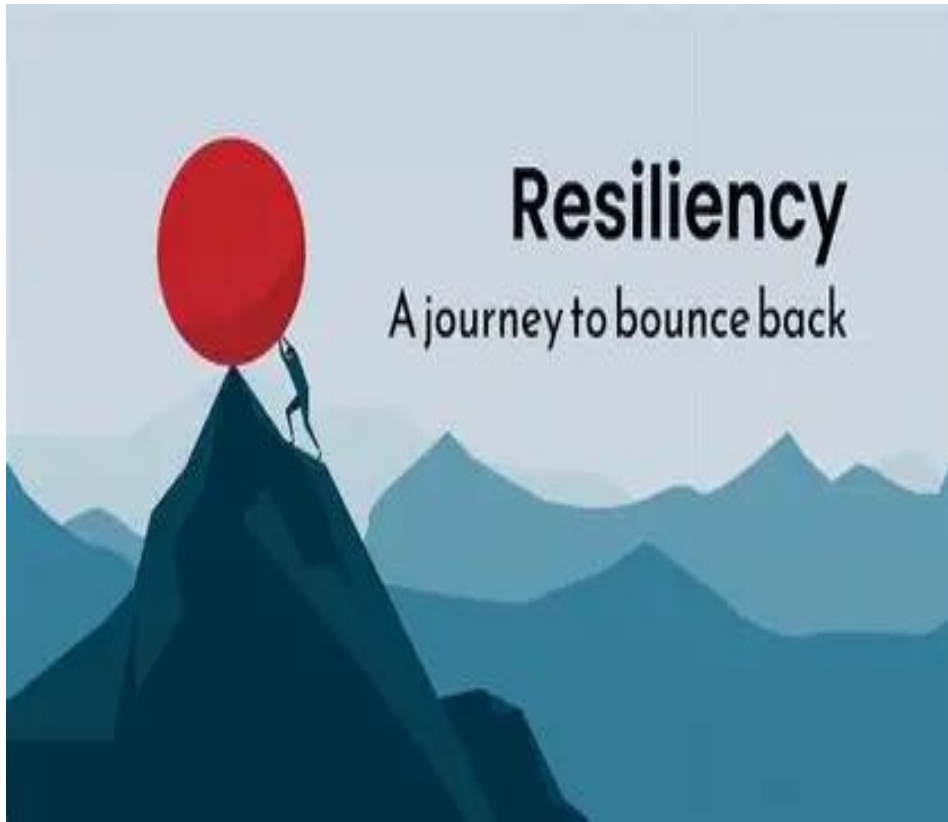
Resilience is a critical factor when looking at the impact of bereavement.

In order to develop resilience both children and adults need to develop different coping strategies in order to adjust around their grief and bereavement (Bergman et al, 2020).

Protective factors which can support a child or adult to develop their resilience includes:

- Having a stable caregiver and family
- Having support
- Having access to mental health services
- Being able to talk openly about the bereavement

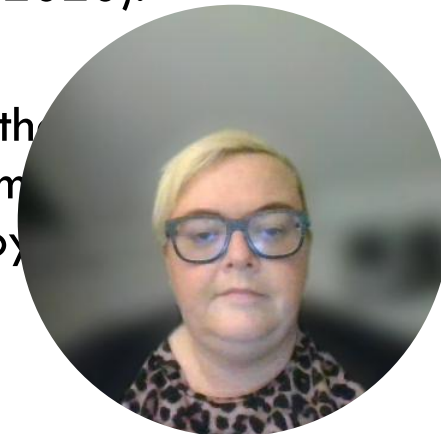
(Kennedy et al 2018; McLaughlin et al 2019)



SCHOOLS AND OUTSIDE AGENCIES



- In order to support a child through bereavement professionally, such as a teacher, social worker or counsellor, they must have the knowledge and skills to acknowledge the child's problems and symptoms and are able to communicate about bereavement appropriately (Kentor & Kaplow, 2020)..
- Bereavement can have a large impact on a child's academic success (Elsner et al, 2022).
- Schools can provide an excellent setting to recognise the impact of bereavement on children and can provide the most effective support services for all children (Harrop et al, 2020).
- Oosterhoff et al (2018) found a link between the experience of sudden death and lower academic achievement. Children who experience a sudden death shows concentration difficulties, less school enjoyment and are unable to have a sense of belonging in school.



INFLUENCE OF FAMILY AND COMMUNITY SUPPORT

Role of Family Relationships

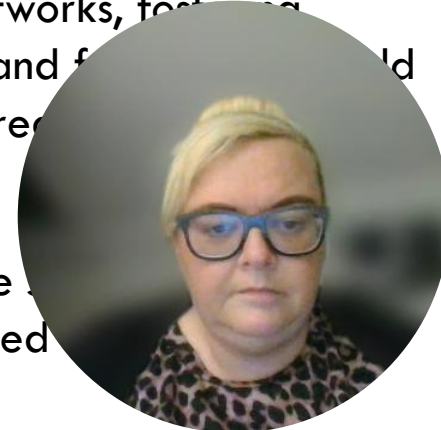
A supportive family environment is crucial when supporting the negative effects of childhood bereavement (Luecken & Roubinov, 2012).

Research shows that children who have experienced bereavement and were able to talk open and believed that their voice was heard and understood by caregivers are less likely to develop long-term psychological difficulties (Aciri et al, 2021)

Community Engagement Importance

Active community involvement offers additional support networks, fostering resilience in children facing loss. Community organisations and families can offer different resources supporting social connection and recovery (Ozbay et al, 2007).

However, there is a chance a child may be misplaced in the community if there is a resourced community as a bereaved child is often served by different sectors (Griese et al, 2017).

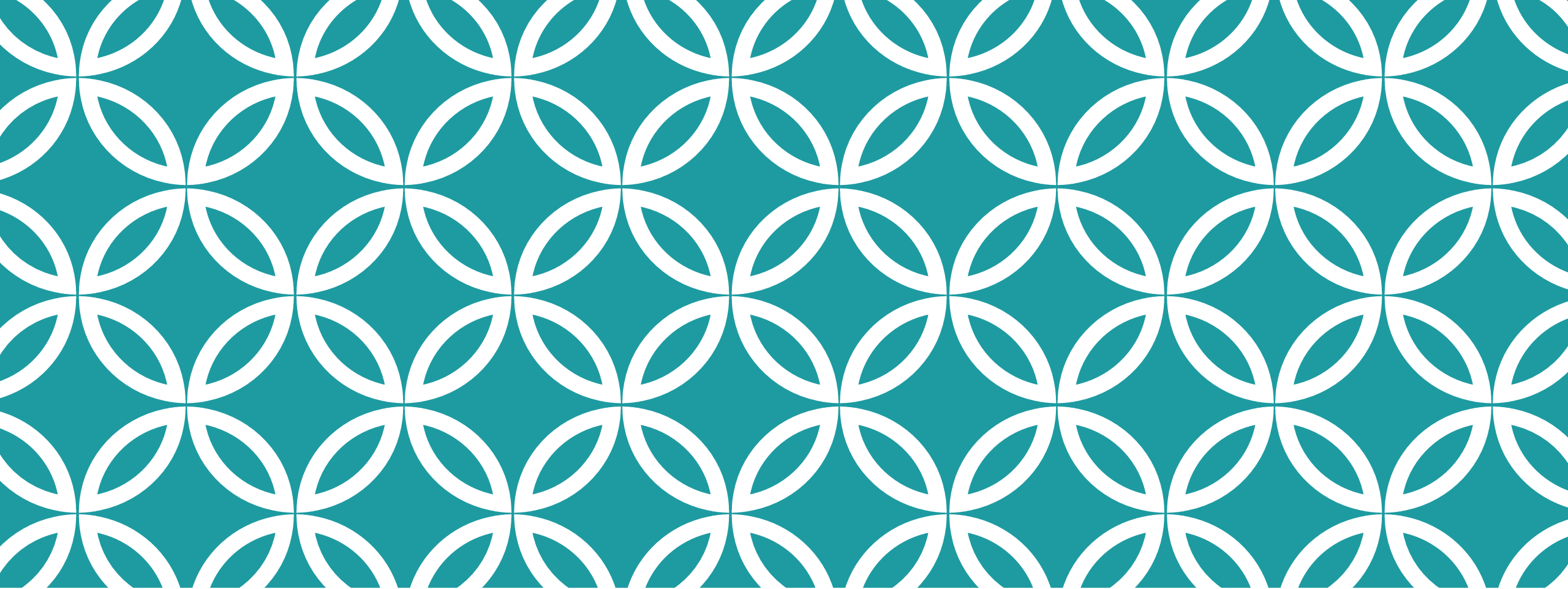


INTERVENTIONS AND THERAPEUTIC APPROACHES



- There are many interventions and approaches to support bereavement.
- There are school-based interventions such as seasons for growth and grief education.
- There are evidence-based interventions such as CBT, Trauma-informed interventions and grief psychoeducation.
- Other approaches include counselling and mental health services.
- Early intervention is very important to reducing the risk of psychological problems (Halaevi et al, 2016; Kentor & 2020).
- The main purpose of any intervention is for the bereaved adolescent or adult to have someone to talk to for support and loss (McLaughlin et al, 2019).





STRENGTHS AND LIMITATIONS OF CURRENT STUDIES



STRENGTHS AND LIMITATIONS OF CURRENT STUDIES

Future Research



There is a lack of research exploring the impact of bereavement experiences when focusing on cultural and socioeconomic factors (Sormanti & Ballan, 2011; Skaar et al, 2021).

There are some valuable research findings which can influence the development to create many support strategies for children and adolescents during bereavement (Burns et al, 2020; McLaughlin et al, 2019).

Many studies suggest that if bereaved children are supported in school, it could prevent exclusion from school as well as a psychiatric disorder, however this has not been proven (McLaughlin et al, 2019).

Future studies must include diverse populations to ensure health outcomes is created.



CONCLUSION

- Childhood bereavement can have many impacts on emotional, behavioural, cognitive and social development .
- A child's development can be shaped by multiple factors such as the nature of the loss, cultural and socio-economic background and the quality of support available.
- Early intervention and access to professional support are crucial for reducing psychological risks and facilitating healthy adjustments.
- It is essential for professionals to understand the cultural context of bereavement in order to provide effective and sensitive care.
- Research does offer valuable insights, however, there are limitations such as small sample sizes.
- There is needed for future research to include a broader range of cultural backgrounds and larger sample sizes.



REFERENCES

- Acri, M., Hooley, J., Richardson, L., & Gopalan, G. (2021). Grief and Bereavement in Children: A Review of Recent Research. *Child and Adolescent Social Work Journal*, 38(3), 215-228.
- Albuquerque, S., & Santos, A. R. (2021). "In the same storm, but not on the same boat": Children grief during the COVID-19 pandemic. *Frontiers in Psychiatry*, 12, 638866. <https://doi.org/10.3389/fpsyt.2021.638866>
- American Psychiatric Association (APA). (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Beck, A. T., Sethi, B. B., & Tuthill, R. W. (1963). Childhood bereavement and adult depression. *Arch Gen Psychiatry*. 9(3), 295-302.
- Bergman, A. S., Axberg, U., & Hanson, E. (2020). When a parent dies—A systematic review of the effects of parental loss on children's adjustment. *Scandinavian Journal of Psychology*, 61(1), 5-18.
- Bjørndal, L. D., Chen, Y., & Lu, D. (2025). Stress Resilience and Risk of Psychiatric Disorders After Childhood Bereavement. *JAMA Network Open*. 8(7): e2519706.
- Boelen, P. A., Spuij, M., & Reijntjes, A. H. A. (2017). Prolonged grief and posttraumatic stress in bereaved children: A latent class analysis. *Psychiatry Research*, 258, 518–524. <https://doi.org/10.1016/j.psychres.2017.09.002>
- Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Rev Clin Psychology*. 7(1), 511-535.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. New York: Basic Books.
- Burns, M., Griesse, B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90(4), 391–405. <https://doi.org/10.1037/ort0000442>
- Burrell, L. V., Mehlum, L., & Qin, P. (2020). Educational attainment in offspring bereaved by sudden parental death from external causes: A national cohort study from birth and throughout adulthood. *Social Psychiatry and Psychiatric Epidemiology*, 55(6), 779–788. <https://doi.org/10.1007/s00127-020-01846-4>
- Corr, C. A. (2018). Elisabeth Kübler-Ross and the "Five Stages" Model in a Sampling of Recent American Textbooks. *OMEGA - Journal of Death and Dying*, 82(2), 294-322. <https://doi.org/10.1177/0030222818809766>
- Cruse. (2026). Understanding the five stages of grief. <https://www.cruse.org.uk/understanding-grief/effects-of-grief/five-stages-of-grief/>

REFERENCES

- Davis, M. L., Witcraft, S. M., Baird S. O. & Smits, J. A. J. (2017). Learning Principles in CBT. *The Science of Cognitive Behavioral Therapy*, 3, 51-76. <https://doi.org/10.1016/B978-0-12-803457-6.00003-9>
- Dawson, L., Hare, R., Selman, L., Boseley, T., & Penny, A. (2023). The one thing guaranteed in life and yet they won't teach you about it': The case for mandatory grief education in UK schools. *Bereavement*, 2. <https://doi.org/10.54210/bj.2023.1082>
- Elsner, T. L., Krynska, K., & Andriessen, K. (2022). Bereavement and educational outcomes in children and young people: A systematic review. *School Psychology International*, 43(1), 55–70. <https://doi.org/10.1177/01430343211057228>
- Griese, B., Burns, M. R., Farro, S. A., Silvern, L., & Talmi, A. (2017). Comprehensive grief care for children and families: Policy and practice implications. *American Journal of Orthopsychiatry*, 87, 540–548. <https://doi.org/10.1037/ort0000265>
- Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2018). Bereavement in childhood: The impact on psychological and educational outcomes. *Journal of Child Psychology and Psychiatry*, 59(4), 417-425.
- Halevi, G., Djalovski, A., Vengrober, A., & Feldman, R. (2016). Risk and resilience trajectories in war-exposed children across the first decade of life. *Journal of child psychology and psychiatry, and allied disciplines*, 57(10), 1183–1193. <https://doi.org/10.1111/jcpp.12622>
- Harrop, E., Mann, M., Semedo, L., Chao, D., Selman, L. E., & Byrne, A. (2020). What elements of a systems' approach to bereavement are most effective in times of mass bereavement? A narrative systematic review with lessons for COVID-19. *Palliative Medicine*, 34(9), 1165–1181. <https://doi.org/10.1177/0269216320946273>
- Kaplow, J. B., Howell, K. H., & Layne, C. M. (2014). Do circumstances of the death matter? Identifying socioenvironmental risks for grief-related psychopathology in bereaved youth. *Journal of Traumatic Stress*, 27(1), 42–49. <https://doi.org/10.1002/jts.21877>
- Kaplow, J. B., Howell, K. H., & Layne, C. M. (2017). Do circumstances of death matter? Circumstances of parental death and children's grief. *Death Studies*, 41(5), 267-273.
- Kennedy, B., Chen, R., Valdimarsdóttir, U., Montgomery, S., Fang, F., & Fall, K. (2018). Childhood Bereavement and Lower Stress Resilience in Late Adolescence. *Journal of Adolescent Health*, 63(1), 108-114. <https://doi.org/10.1016/j.jadohealth.2018.02.002>.
- Kentor, R. A. (2020). Supporting children and adolescents following parental bereavement: guidance for health-care professionals. *The Lancet Child & Adolescent Health*, 4(12), 889 – 898.
- Keyes, K. M., Pratt, C., Galea, S., McLaughlin, K. A., Koenen, K. C., & Shear, M. K. (2014). The burden of loss: Unexpected death of a loved one and psychiatric disorders across the life course in a national study. *American Journal of Psychiatry*, 171, 864–871. <https://doi.org/10.1176/appi.ajp.2014.12081122>

REFERENCES

- Kilmer, R. P., Gil-Rivas, V., Griesse, B., Hardy, S. J., Hafstad, G. S., & Alisic, E. (2014). Posttraumatic growth in children and youth: Clinical implications of an emerging research literature. *American Journal of Orthopsychiatry*, 84, 506–518. <https://doi.org/10.1037/ort0000016>
- Liu, C., Grotta, A., Hiyoshi, A., Berg, L., & Rostila, M. (2022). School outcomes among children following death of a parent. *JAMA Network Open*, 5(4), e223842. <https://doi.org/10.1001/jamanetworkopen.2022.3842>
- Luecken, L. J., Roubinov, D. S., & Gonzalez, H. (2023). Long-Term Psychological Effects of Childhood Bereavement. *Annual Review of Clinical Psychology*, 19, 251-270.
- McClatchey, I. S., Vonk, M. E., Lee, J., & Bride, B. (2014). Traumatic and complicated grief among children: one or two constructs? *Death Studies*, 38(2), 69–78. <https://doi.org/10.1080/07481187.2012.725571>
- McLaughlin, A., McColgan, M., & McCance, T. (2019). Seasons for Growth: Evaluation of a school-based bereavement programme. *British Journal of Guidance & Counselling*, 47(3), 325-338.
- McLaughlin, C., Lytje, M. & Holiday, C. (2019). Consequences of childhood bereavement in the context of the British School System. https://www.researchgate.net/profile/Martin-Lytje/publication/333866897_Consequences_of_childhood_bereavement_in_the_context_of_the_British_school_system/links/5d09e178a6fdcc35c1593529/Consequences-of-childhood-bereavement-in-the-context-of-the-British-school-system.pdf
- Melhem, N. M., Porta, G., Shamseddeen, W., Walker Payne, M., & Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death. *Archives of General Psychiatry*, 68(9), 911–919. <https://doi.org/10.1001/archgenpsychiatry.2011.101>
- Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 states, 2015–2017. *Morbidity and Mortality Weekly Report*, 68, 999–1005. https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w
- Nam, I. S. (2016). Effects of psychoeducation on helpful support for complicated grief: a preliminary randomized controlled single-blind study. *Psychological Medicine*, 46(1), 189–195. <https://www.cambridge.org/core/journals/psychological-medicine/article/abs/effects-of-psychoeducation-on-helpful-support-for-complicated-grief-a-preliminary-randomized-controlled-singleblind-study/CFD72FF0616B2C069625CBFB4A97BAE6>
- NHS. (2023). Children and Bereavement. <https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/children-and-bereavement/>

REFERENCES

- Nickerson, A., Bryant, R. A., Aderka, I. M., Hinton, D. E., & Hofmann, S. G. (2017). The impacts of childhood bereavement on adult mental health: A systematic review. *Clinical Psychology Review*, 57, 39-55.
- Oosterhoff, B., Kaplow, J. B., & Layne, C. M. (2018). Links between bereavement due to sudden death and academic functioning: Results from a nationally representative sample of adolescents. *School Psychology Quarterly*, 33(3), 372–380. <https://doi.org/10.1037/spq0000254>
- Ozbay, F., Johnson, D. C., & E. Dimoulas, E. (2007). Social support and resilience to stress: From neurobiology to clinical practice. *Psychiatry (Edgmont)*, 4, 35-40.
- Parkes, C.M. (1998). Bereavement in adult life. *BMJ*. 316(7134):856–859.
- Ridley, A., & Frache, S. (2020). Bereavement care interventions for children under the age of 18 following the death of a sibling: a systematic review. *Palliative Medicine*. 34(10),1340-1350.<https://journals.sagepub.com/doi/epub/10.1177/0269216320947951>
- Salloum, A., Morris, C., & Walker, R. (2025). School-Based Bereavement Interventions for Children: A Scoping Review. *School Mental Health* 17, 770–787. <https://doi.org/10.1007/s12310-025-09783-w>
- Sandler, I. N., Ma, Y., Tein, J.-Y., Ayers, T. S., Wolchik, S., Kennedy, C., & Millsap, R. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 78, 131–143. <https://doi.org/10.1037/a0018393>
- Shaver, P. R., & Fraley, R. C. (2008). Attachment, loss, and grief: Bowlby's views and current controversies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 48–77). The Guilford Press.
- Skaar, N. R., Etscheidt, S. L., & Kraayenbrink, A. (2021). School-based mental health services for students with disabilities: Urgent need, systemic barriers, and a proposal. *Exceptionality*, 29, 265–279. <https://doi.org/10.1080/09362835.2020.1801437>
- Sormanti, M., & Ballan, M. S. (2011). Strengthening grief support for children with developmental disabilities. *School Psychology International*, 32(2), 179–193. <https://doi.org/10.1177/0143034311400831>
- Spuij, M., Reitz, E., Prinzie, P., Stikkelbroek, Y., de Roos, C., & Boelen, P. A. (2012). Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents. *European Child & Adolescent Psychiatry*, 21(12), 673–679. <https://doi.org/10.1007/s00787-012-0307-4>
- Stroebe, M., & Schut, H. (2010). The Dual Process Model of Coping with Bereavement: A Decade on. *OMEGA - Journal of Death and Dying*, 61(4), 273-289. <https://doi.org/10.2190/OM.61.4.b>

REFERENCES

- Therapist Aid. (2026). Grief Psychoeducation guide. <https://www.therapistaid.com/therapy-guide/grief-psychoeducation-guide>
- Tonkin, L. (1996). Growing around grief—another way of looking at grief and recovery. *Bereavement Care*, 15(1), 10. <https://doi.org/10.1080/02682629608657376>
- United Nations International Children's Emergency Fund. (2017). Orphans. https://www.unicef.org/media/media_45279.html
- Winston's Wish. (2026). Support for schools working with grieving and young children. <https://winstonswish.org/supporting-you/support-for-schools/>
- Winstone, L., Lacey, R. E., & Patalay, P. (2022). Childhood bereavement prevalence in the UK: New estimates from a national cohort study. *BMJ Paediatrics Open*, 6(1), e001437.
- Young minds. (2026) Counselling and therapy. <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/counselling-and-therapy/>
- Yu, Y., Liew, Z., Cnattingius, S., Olsen, J., Vestergaard, M., Fu, B., & Li, J. (2017). Association of mortality with the death of a sibling in childhood. *Journal of the American Medical Association Paediatrics*, 171, 538–545. <https://doi.org/10.1001/jamapediatrics.2017.0197>