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# Bereavement, Loss, and Grief in War-Exposed Children and Adolescents: A Review and Implications for Assessment, Intervention, and Policy

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# Bereavement, Loss, and Grief in War-Exposed Children and Adolescents: A Review and Implications for Assessment, Intervention, and Policy

Christopher M. Layne , Gesenia Sloan-Pena, Kelly Dixon, Lolita Bell, Blake Barrientos, Stevie Schapiro, Akhila Nalluri, Rohit Mandadi, and Iniobong Etuk

*Objective:* This literature review summarizes findings regarding the effects of war-related bereavement and other losses in children and adolescents—including both negative consequences and protective factors that may mitigate their effects. This review also explores strategies for improving mental health and developmental outcomes among youth experiencing war-related losses.

*Method:* This literature review synthesizes research studies examining

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psychological and developmental consequences of war-related bereavement. These include studies assessing mental health risks, protective factors, and effective interventions for children and adolescents bereaved by the loss of family members due to war. *Results:* The literature consistently shows that children and adolescents who experience war-related bereavement are at a significantly higher risk for developing psychological disorders, including posttraumatic stress disorder (PTSD), depression, anxiety, prolonged grief disorder, and suicidal ideation. The findings also highlight individual, family, and community factors—including self-esteem, self-efficacy, adaptive coping skills, social support, and cultural values—that may buffer these risks and enhance resilience. *Conclusions:* To mitigate the negative impact of war-related bereavement, early identification of grief reactions is critical. A developmentally-informed approach to assessment and intervention, involving mental health professionals, paraprofessionals, school personnel, and policymakers, is essential to support resilience and foster developmental recovery in bereaved youth. Research and intervention efforts should focus on enhancing protective factors and implementing flexibly-tailored strategies (including group, school-based, and telehealth) to aid children affected by war-related bereavement and other losses.

Wars raging around the globe underscore the urgent need to learn from, and apply, the substantial literature on armed conflicts and their consequences to repair and restore lives. Rates at which children and adolescents are exposed—through diverse channels—to the brutalities of modern warfare are deeply sobering (Layne et al., 2010). For example, Thabet et al. (2008) found that 98.5% of Gazan children were exposed through media to mutilated or wounded bodies, and 93% directly witnessed or heard bombardments.

Children exposed to airstrikes, military violence, and bombing report high rates of psychological disorders (Attanayake et al., 2009). These disorders include depression and post traumatic stress disorder (PTSD) symptoms such as emotional dysregulation, sleep disturbance, avoidance, and intrusive thoughts (Kolltveit et al., 2012; Thabet et al., 2008). PTSD and depression are commonly reported in studies of war-exposed Palestinian children (Agbaria et al., 2021), Kuwait (K. O. Nader et al., 1993), and Bosnian youth (Layne et al., 2001, 2008). Prevalence

rates of reported mental health problems in war-exposed youth range considerably, from 22% reported in Afghani youth (Panter-Brick et al., 2009) to a staggering 97% in former child soldiers in Northern Uganda (Derluyn et al., 2004). Examples of PTSD prevalence rates include 41% of war-exposed children in Sarajevo (Smith et al., 2002), 35.1% of conflict-exposed Syrian children (Perkins et al., 2018), and 37.3% of Thai students exposed to armed conflict (Jayuphan et al., 2020). The war in Ukraine is similarly exerting potent effects—including PTSD, anxiety, and depression—on youth mental health. In such highly-exposed regions as Donetsk, 32.8% of adolescents report anxiety symptoms and 35.7% report depression symptoms (Osokina et al., 2023).

War-related impacts—including bereavement and other losses—on child adjustment operate through multiple exposure channels (physical injury, life threat, witnessing death) and pathways of influence (e.g., trauma reminders, material losses). Less overtly-violent exposures (e.g., internal displacement, separation from loved ones, loss

of social support) also exert potent predictive effects on distress (Layne et al., 2010; Osokina et al., 2023). For example, Bosnian children exposed to direct, versus indirect, violence (e.g., proximity to shootings, family members killed) reported equivalent levels of posttraumatic reactions and adjustment difficulties (Allwood et al., 2002).

War settings may also exert subtler impacts through intervening variables (moderators and mediators). For example, humiliation, discrimination, and hatred for one's ethnicity and religion may exacerbate (as vulnerability factors) the harmful effects of non-violent trauma on youth adjustment (Allwood et al., 2002; Brough et al., 2003; Ellis et al., 2010; Giacaman et al., 2007). Further, war-related deaths, disappearances, family disruptions and separations, displacement, financial strains, and interpersonal conflicts may erode social support (a potential mediator) and impede resilient recovery (Chaaya et al., 2022; Dixon et al., 2024; Osokina et al., 2023).

An especially pernicious consequence of armed conflict is *traumatic bereavement*—a common yet highly stressful life experience in adolescence (Layne et al., 2017). Youth who lose parents under traumatic circumstances report more severe psychiatric sequelae than youth bereaved by natural parental death (D. Brent et al., 2009; Hamdan et al., 2012). Such war-related losses can have lasting effects on emotional regulation and long-term functioning, highlighting the enduring psychological toll of war on children and adolescents (Dyregrov et al., 2002; Layne et al., *in press*).

Accordingly, given the widespread prevalence and severe sequelae of bereavement in war-exposed youth, our aim is to highlight important contributions in the literature relevant to the topic of war-related bereavement and children, and to explore promising approaches to ameliorate distress, improve functioning, and support developmental progression.

## BEREAVEMENT IN WAR

### Bereavement-Related Risks

Bereavement is among the most common and stressful life event a child can endure (Kaplow & Layne, 2014), often carrying profound psychological and developmental consequences. Traumatic loss can impede critical developmental tasks including school motivation and performance (Oosterhoff et al., 2018) and increase risks for emotional and behavioral challenges (Layne et al., 2017). Psychological sequelae following bereavement can endure for decades (Layne & Kaplow, 2020). Indeed, the unexpected death of a close family member is associated with an increased incidence of multiple psychiatric disorders and self-harm behaviors across the lifespan (Keyes et al., 2014), including depression (D. Brent et al., 2009; Cereal et al., 2006; Kaplow et al., 2010), suicide (M. B. Guldin et al., 2015; Hill et al., 2019; Niederkrotenthaler et al., 2010) and self-injurious behavior (M. B. Guldin et al., 2015, 2017). Additionally, losing a parent in childhood increases risks for an array of externalizing problems across the lifespan including problematic substance use, conduct disorder (Kaplow et al., 2010; Liu et al., 2022), as well as associated risk for legal system involvement and school dropout (Layne & Kaplow, 2020). Bereaved children are also more likely to struggle with developmental tasks involving interpersonal relationships in addition to academic, and vocational attainment (D. A. Brent et al., 2012). Further, war-related violence, life threat, and material losses impose additional demands that can impede youths' ability to integrate the irreversible loss of attachment figures (Shear et al., 2007). As discussed later, the inability to grieve in healthy ways can also impede children's ability to develop essential social and emotional competencies.

### Interplay and Distinctions Between Trauma versus Grief Reactions

Traumatic bereavement also increases the risk for comorbid conditions, most notably prolonged grief disorder (PGD) and posttraumatic stress disorder (PTSD) (Layne et al., 2017). The recent recognition of prolonged grief disorder in both DSM-5-TR and ICD-11 is a major advance toward identifying and acknowledging complex grief responses in bereaved youth. The inclusion of PGD in both diagnostic taxonomies not only facilitates public awareness and recognition, but also creates opportunities to study links between bereavement, loss, and grief on one hand, and youth mental health, functioning, and developmental progression on the other. These recent advances (Layne, Kasi, et al., 2024) include methods to conceptually differentiate between PGD, PTSD, and depression; and to assess pathways through which individual PGD symptoms can cause functional impairment in developmentally important domains including school, family, and peer relationships. For example, PTSD is differentially related to life threat, physical injury, and violation of bodily integrity, and characterized by such symptoms as hypervigilance and reactivity to trauma reminders (Layne et al., 2006). In contrast, PGD differentially relates to bereavement, subsequent deprivations, and loss reminders, and is characterized by such symptoms as intense longing, yearning, preoccupation with the deceased, preoccupation with the circumstances of the death, the nihilistic sense that life has lost its meaning, difficulty moving forward in life, and identity disruption (see also Djelantik et al., 2020; Trembl et al., 2024).

An interplay can also arise between grief and PTSD following traumatic bereavement that can prolong the clinical course of both conditions, deplete coping resources, and

make intervention more complex and challenging (Layne et al., 2017; Pynoos, 1992). War-exposed bereaved children can struggle to cope with dual constellations of distress: On one hand, posttraumatic stress reactions can arise from life threat, witnessing violence and destruction, and the traumatic circumstances of loved ones' deaths, as evoked by trauma reminders (of how they died and who informed them). On the other hand, grief reactions arise from the ongoing losses and adversities following the death, as evoked by loss reminders (e.g., their name, photos, belongings, places they formerly inhabited) (Layne et al., 2006; see also Chapter 2 of Kaplow et al., 2023).

### Co-Occurring Conditions

The literature has primarily focused on the impact of trauma and PTSD, giving less needed attention to bereavement, grief, and associated comorbidities in youth struggling with the deaths of close relatives including parents killed in war (Dillen et al., 2009). Conditions that frequently co-occur with bereavement and grief include depression, anxiety, somatic distress, and suicidality (Kommischke-Konnerup et al., 2021). Children growing up in war settings often lack access to broader social support networks and family guidance—deprivations that can exacerbate the grieving process as children struggle to cope with death, violence, and displacement (Allwood et al., 2002). War-exposed youth are also at risk for worsening physical health, substance and alcohol abuse (Parisi et al., 2019), higher health service utilization, and impairments in academic (Layne & Kaplow, 2020; Oosterhoff et al., 2018), social, and work functioning (Layne & Kaplow, 2020). Accumulating losses can also compound mental health conditions. In one study, youth exposed to both war-related and non-war-related deaths reported more PGD, PTSD, and depression symptoms than youth bereaved by war-related deaths alone

(Claycomb et al., 2015). Taken together, these findings underscore the importance of addressing the nature and sequelae of both trauma and loss experienced by bereaved children living in war-related contexts.

### Circumstances of the Death

Factors surrounding bereavement vary widely. Death under unnatural circumstances (e.g., homicide, suicide) creates different challenges and can evoke different responses (Layne & Kaplow, 2020; Layne et al., 2017; Pynoos, 1992). Some studies report that, compared to natural or accidental parental death, intentionally-inflicted parental death (e.g., killed in conflict, suicide) carries greater risks for serious psychiatric sequelae, including higher rates of major depressive disorder, suicidal ideation, and lifetime PTSD (Berg et al., 2016; D. Brent et al., 2009; Dillen et al., 2009, Pynoos et al., 1991; Eth & Pynoos, 1994; Reime et al., 2024). In contrast, McClatchy et al. (2009) found no significant differences in grief or PTSD reactions between children whose parents died due to sudden or violent, versus expected deaths.

Grief reactions may also vary by circumstance of the death (Kaplow et al., 2014). Youth bereaved by traumatic deaths may experience more circumstance-related distress, such as distressing preoccupations over how the person died, what they suffered, and disfigurement of their body (Layne et al., 2017). The traumatic nature of war-related deaths can make it especially difficult for traumatically bereaved youth to grieve as they struggle to remember and reminisce about their loved ones without also recollecting the horrific circumstances of their death. Parental suicide can be exacerbated by cultural factors including social stigma, shame, and the child's self-blame (Reime et al., 2024). The child's relationship with the deceased can also moderate their responses. Losses of highly dependent relationships (e.g., parent, caregiver) can evoke more intense distress

than losses of extended family members or friends (Kaplow et al., 2010, 2023). War-related paternal loss is associated with increased distress and disability that can extend into adulthood, including economic disadvantage caused by the loss of a primary wage earner (Morina et al., 2011).

### SEPARATION DISTRESS, LOSS, AND ATTACHMENT

War-related losses and separations from parents and other primary caregivers can also impair attachment, safety, and development of trust in others. War can fracture family networks as relatives stay behind to fight, older relatives are unable to flee dangerous war zones, and family members are killed. Losses of primary attachment figures—especially in early childhood—can increase fears, insecurities, impair children's ability to form healthy attachments, and exacerbate feelings of abandonment (Schoenfelder et al., 2011). If not altered, disorganized early attachments can evolve into avoidant or anxious attachment patterns that persist into adulthood (Kakarala et al., 2020; Lieberman et al., 2003; Pynoos, 1992; Shear, 2010). Indeed, compared to adolescence, loss of a parent during preschool years increases children's risk for depression in adulthood (Berg et al., 2016). Attachment-related impairment is especially salient in bereaved youth given that unrelenting separation distress (intense yearning/longing for the deceased) can be considered a "gateway" (Criterion B) to PGD (Layne et al., 2019).

### DEVELOPMENTAL FEATURES OF WAR-RELATED LOSSES

#### Developmentally-Linked Manifestations

The developmental impact of bereavement and loss in war-exposed youth is multifaceted and far-reaching, influencing cognitive, emotional, social, physical development,

and the achievement of developmental milestones. Understanding the developmental consequences of childhood bereavement and grief requires consideration of the timing and nature of losses, as well as differing ways in which children process loss at different developmental stages. Young children may experience grief through magical thinking, such as fantasies of physical reunion with deceased loved ones, while similarly thinking concretely about how the loss can be resolved (e.g., climbing a ladder to join mommy in heaven). Separation distress is often prominent in children, characterized by attempts to re-establish contact with lost caregivers, fears of abandonment or becoming orphaned, and careful monitoring of and maintaining close proximity to surviving caregivers—grief reactions that can mimic simple childhood separation anxiety or school refusal (Layne et al., 2017).

Broadly speaking, age-related reactions to losses across developmental stages may be more severe in youth bereaved under traumatic/tragic circumstances (Layne et al., 2020, 2017, 2019; Lieberman et al., 2003; Nader & Layne, 2009). As children progress through developmental stages, their grief reactions typically shift from anxiety and fear to more depressive responses in adolescence (Lieberman et al., 2003). Grief in adolescence often manifests as emotional instability (mood swings) and difficulties with self-regulation. Adolescents may exhibit more complex grief reactions including pessimism (“my life is ruined”), nihilism (“nothing matters anymore”), identity disruptions (“the best part of me died with them”) (Layne et al., 2022), and suicidal ideation that may feature reunification fantasies (dying to join the deceased in an afterlife) (Cerny & Buskirk, 1991; Pynoos, 1992). Adolescents struggling with severe separation distress are more likely to experience reunification fantasies and suicidal ideation (Kaplow et al., 2012). Further, adolescents often exhibit behavioral avoidance, social withdrawal, preoccupation with the meaning

of life, and other existential themes (Balk, 1983).

### Developmental Disruptions

Bereavement and trauma in war-exposed youth can have profound, long-lasting effects on health, well-being, developmental potential, and future aspirations and outlook (Al-Sabah et al., 2015). Understanding developmental impacts requires careful attention to ways in which war-related contextual factors can shape children’s response to loss. These include age- and potential sex-related manifestations, as well as socio-environmental risks including food, financial, and political instability, disrupted social networks, strained caregiving systems, and lack of opportunities for healthy development (Layne, Kasi, et al., 2024). War frequently disrupts youths’ developmental progression by destabilizing their relationships with significant others. This includes separations from families, peers, schools, and communities—social structures that ordinarily provide youth with consistency, role-modeling, nurturance, and support (Zuilkowski & Betancourt, 2014). Beyond loss of support, war imposes such secondary stressors as fleeing the safety of one’s home and community, internal displacement, and taking on caretaking roles for younger siblings, disabled parents, and elderly grandparents (Osokina et al., 2023). Further, war-related displacement and safety concerns can restrict youth’s ability to travel, limiting developmental opportunities and interfering with cultural mourning practices (Morgos et al., 2007). Moreover, as with youth exposed to terrorism (Pfefferbaum et al., 2006), bereaved youth exhibit dose-response relations between media exposure and anxiety, depression, and PTSD (Jayuphan et al., 2020; Nader, 2010; Osokina et al., 2023). Bereaved youth who do not witness the deaths of loved ones may nevertheless be exposed to disturbing death details via personal narratives,

media, and legal proceedings (Melhem et al., 2007). More broadly, exposure to trauma and loss across childhood cumulatively increases risks for multiple problem behaviors in adolescence (Layne, Greeson, et al., 2014).

Traumatic loss can make it very difficult for youth to focus on building developmental competencies, placing them at risk for developmental disruptions. These disruptions can manifest in various forms (Layne, 2023; Layne & Kaplow, 2020; Layne, Ho Misiaszek, et al., 2024; Layne, Kasi, et al., 2024), including developmental freezing (remaining stuck in a developmental stage), slowdowns, regressions (Kaplow et al., 2012; Layne et al., 2017), precocious accelerations (assuming adult-like responsibilities, risky sexual behavior) (Layne, Greeson, et al., 2014), aggression (e.g., fighting) (Hamdan et al., 2012), and delinquency (Balk, 1983). Consequent failures to achieve age-appropriate developmental tasks and acquire associated developmental competencies can create negative developmental cascades (Masten & Cicchetti, 2010) as loss-related disruptions impede the acquisition of age-appropriate competencies (e.g., low self-efficacy, knowledge, skills, social connections), leaving youth under-equipped to navigate developmental transitions, achieve subsequent developmental tasks, and acquire additional competencies (Layne, 2023; Layne, Greeson, et al., 2014; Layne & Hobfoll, 2020). Conflict-induced disruptions can be particularly pronounced in children by depriving them of opportunities to engage in age-appropriate developmental tasks including social play, language development, emotional regulation, forming secure attachments, and forming healthy peer relationships (Lieberman et al., 2003).

War can disrupt other key developmental tasks including forming secure attachments, developing emotional regulation, and building a coherent sense of self. The developmental timing of bereavement, and current developmental phase of the child, also influence how children's grief reactions manifest. The loss of early attachment relationships deprives infants and toddlers of a secure base they need to

explore, engage, learn, develop emotional regulation, and build interpersonal relatedness skills (Lieberman et al., 2003; Shear et al., 2007). Parental death in childhood can impact children's sense of security and safety, and lead to anxiety, nightmares, regressive behavior, irritability, and tantrums (Kaplow et al., 2012; Liu et al., 2022). War-related disruptions in early attachment relationships can evoke feelings of abandonment, confusion, fear, and despair that impair infants' subsequent ability to form healthy attachments (K. O. Nader & Layne, 2009). Indeed, death of a parent in childhood (under age 12) is linked to more profound psychological and interpersonal sequelae than death of a parent in adolescence (Pham et al., 2018) due in part to deprivations of nurturance and material resources vital to early development (Liu et al., 2022). Early identification and intervention for children who lost a parent to war is critical, especially during these sensitive life periods, given that young children are at highest risk (Niederkröthaler et al., 2010). Bereavement in adolescence can also disrupt major developmental tasks, create risks for developmental derailment, and reduce readiness for the transition to young adulthood (Layne & Kaplow, 2020). Adolescent developmental disruption may manifest as difficulties in forming a coherent identity, moral development, and participation in civic life (Layne et al., 2017). Existential- and identity-related grief reactions may also be prominent, manifesting as feeling like part of oneself died, low self-esteem, feeling lost, role confusion, and nihilistic future outlook (Layne et al., 2019). Layne et al. (2001) observed that sudden loss can induce traumatic helplessness that erodes youths' optimism, hope for the future, and life ambitions as they attempt to assert control and direction over their lives. The murders of loved ones eroded adolescent's hope that they would survive to adulthood and belief that forming future aspirations and working toward them was worthwhile. Sudden loss is also linked to reduced academic achievement in the form of lower grades, ability to concentrate and learn, school enjoyment and

belongingness (Oosterhoff et al., 2018). Bereavement can also lead to social withdrawal and feeling different and alienated from others, impeding the development of healthy peer and romantic relationships (Layne, Ho Misiaszek, et al., 2024).

Bereavement in war zones can also adversely impact cognitive and physical development (Lieberman et al., 2003). War settings impose additional adversities including persistent political and economic instability, malnutrition, disease, and inadequate health care that can create long-term adverse consequences for school readiness, academic achievement, and interpersonal relationships. Further, grief reactions resulting from the loss of caregivers can impede cognitive development arising from the child's grief and preoccupation with ongoing deprivations, losses, and fears over their own safety and that of surviving caregivers. These preoccupations can take psychological priority over work on developmental tasks including the child's ability to focus, engage with peers, and develop language and social skills (Pynoos, 1992).

### Sex Differences

Some sex-related differences have emerged in war-exposed youth (Masten & Narayan, 2012). As examples, female sex is a risk factor for PTSD and anxiety in war-exposed Gazan adolescents (Kolltveit et al., 2012); war-exposed Bosnian girls also reported greater overall distress (Smith et al., 2001). Further, Israeli adolescent girls exposed to terrorism reported higher levels of PTSD symptoms, whereas boys exhibited more significant impairment in social and family relationships (Pat-Horenczyk et al., 2007). Bosnian boys who lost a father reported fewer depressive symptoms than girls, particularly in late childhood and early adolescence (Zvizdic & Butollo, 2001). These differences may reflect gender-linked socialization in which boys are expected to suppress emotional expression, whereas girls can express grief more freely

and seek social connection. Layne et al. (in press) found that adolescent girls report more frequent grief reactions than boys. More generally, although girls show greater resilience in early childhood, social and biological factors increase adolescent girls' vulnerability to trauma and other stressors (Giordano et al., 2024).

### Protective Factors and Resilience

Notwithstanding the severe adversities they face, many war-exposed youth show resilience—a dynamic process of positively adapting to adversity that unfolds over time (Bonanno et al., 2015). Resilience in war-exposed youth can be conceptualized as a trajectory of positive adjustment (Espinosa Dice et al., 2023; Layne & Hobfoll, 2020) that arises from a multisystemic confluence of individual, family, and community factors that mitigate the severe psychobiosocial toll of conflict (Masten & Narayan, 2012). Many factors can buttress resilience including the child's appraisal of the situation, temperament, self-efficacy, adaptive coping skills, attachment style, social competence, social support, and cultural values and meanings (Pynoos et al., 1995).

The ability to find meaning, emotionally regulate, maintain close social connections, and preserve a sense of hope and control helps children to maintain stability and cope with ongoing trauma and uncertainty (Giordano et al., 2024). To this end, Layne and Hobfoll (2020) propose a framework for both conceptualizing and therapeutically promoting resilience that builds on Hobfoll's concept of *resource caravans*: Constellations of personal, material, energy, social, and other resources that “travel” with their host over time and across development, and that promote wellness and strengthen stress resistance. Offering a typology of resource attributes (e.g., *potency, robustness, durability, accessibility*), the authors propose that resources vary in their “goodness fit” for different types of stressors. This typology can be used to evaluate the utility of a resource (e.g., social

support) for a given stressor, assess a resource caravan's suitability for current life circumstances, identify needed resources, and intervene proactively to build good-fitting resources for current and future challenges.

### Social and Familial Factors

Creating safe, stable, nurturing spaces for bereaved children is critical for remediating these gaps and facilitating developmental recovery (Dyregrov et al., 2015). Social support is emerging as a contributor to war-exposed youth adjustment (Howard Sharp et al., 2018) that can act as both a protective factor when present and vulnerability factor when deficient (Layne, Beck, et al., 2009). Social support can reduce the long-term impact of trauma (El-Khodary et al., 2020) and accrue in complementary ways across levels of the ecology including family, peers, adult mentors (Layne, Warren, et al., 2009), and schools that create safe spaces and shield youth from isolation and distress (Marley & Mauki, 2019; Osokina et al., 2023). Families are instrumental in fostering resilience. Cohesive and supportive family units not only provide a sense of belonging, but also model effective coping strategies (Betancourt & Khan, 2008). The health and well-being of surviving parents is of critical importance following parental bereavement given its role in predicting child mental health (Melhem et al., 2011) and fostering resilience (Marley & Mauki, 2019). Surviving parents offer emotional security and a structured environment that help children to navigate the challenges of ongoing losses and other adversities (McClatchy et al., 2009; Shear et al., 2007).

### Cultural Factors

Addressing bereaved children's developmental needs in culturally-informed ways helps clinicians to facilitate more effective and enduring recovery from trauma, grief,

and loss. Interventions should reflect the diverse cultural contexts in which war-exposed children develop, addressing not only psychological distress but also resilience and coping strategies (Chudzicka-Czupala et al., 2023; Giordano et al., 2024). Beyond translation, adapting assessment measures and interventions is essential. This requires collaboration with local partners to integrate community values, beliefs, expectations, and practices. Beyond enhancing the cultural relevance of interventions, community engagement promotes collective healing and empowerment—especially important features for cultures in which communal support plays a central role in mourning and coping with loss and grief.

### ASSESSMENT OF GRIEF, BEREAVEMENT, AND LOSS

The literature on assessing traumatically bereaved youth is historically limited: It draws heavily from studies of bereaved adults, relies on developmentally inappropriate measures, focuses primarily on stress-related disorders (especially PTSD), and has blind spots for the broad range of grief responses bereaved youth often experience (Layne & Kaplow, 2020). Further, traumatically bereaved youth often carry comorbid diagnoses, making differential diagnosis difficult (Layne et al., 2017). Widespread deficiencies in assessment training compound this already-challenging problem (Layne, Kasi, et al., 2024).

School-based screening is useful for identifying distress in youth exposed to war and terrorism (Pat-Horenczyk et al., 2007). However, unless screening measures are normed and validated for the specific population, *multimethod-multisource assessment* (child self-report, teacher report, parent interview) is recommended for trauma-informed assessment of war-exposed youth

(Layne & Kaplow, 2020; Layne, Kasi, et al., 2024; Sullivan & Simonson, 2016). Assessing grief and loss in war-exposed youth should address developmental differences in grief to differentiate between normal grief reactions and severe reactions requiring therapeutic intervention (Layne & Kaplow, 2020). Assessment should also consider cultural factors given the necessity of factoring in culture-specific mourning rituals and grief reactions in both diagnosis and tailoring culturally-informed interventions. For example, a large multinational study (Killikelly et al., 2023) identified both “core” grief reactions (yearning, preoccupation, emotional pain), and culture-specific idioms of distress (somatic symptoms) in some groups.

Looking forward, efforts to construct assessment measures should involve collaboration with cultural experts to integrate developmentally- and culturally-linked manifestations of grief, reduce language barriers, and increase access to mental health services. Commonly-used measures used to capture complex emotional and psychological responses to bereavement include the *Prolonged Grief Disorder Checklist for Bereaved Children and Adolescents* (Layne et al., 2022), *Grief-related Avoidance Questionnaire* (GRAQ; Shear et al., 2007), and the *Traumatic Grief Inventory—Kids—Clinician-Administered* (TGI-K-CA; Layne, Kaplow, & Pynoos, 2022; Van Dijk et al., 2023). The *Prolonged Grief Disorder Checklist for Bereaved Adults* (Layne et al., 2023) was developed to both assess for adult PGD and (when combined with the child/adolescent version—Layne et al. 2022) track concordance rates between bereaved child/caregiver dyads at the symptom level. These tools assess the psychological impact of bereavement, help clinicians differentiate between normal grief reactions and reactions (PGD, PTSD) that potentially require therapeutic intervention, and create assessment profiles of children’s emotional, behavioral, and cognitive functioning useful for individually-tailoring intervention (Layne, Ho Misiaszek, et al., 2024).

## Interventions for War-Exposed Youth

### Current Evidence

To date, systematic reviews and meta-analyses suggest that evidence from interventions containing cognitive-behavioral theory (CBT) components collectively outweighs that from interventions guided by other theories (O’Sullivan et al., 2016). Caveats to this tentative conclusion include: (a) Inconsistencies in study designs often prevent direct comparisons; (b) many studies are excluded from meta-analyses because they lack comparison or control groups, making true effect sizes unknown (Peltonen & Punamäki, 2010); (c) the preponderance of treatments for conflict-affected youth focus on reducing psychopathology and do not emphasize prevention (D. A. Brent et al., 2012), enhancing resilience, and promoting adaptive developmental progression (Betancourt et al., 2013; Peltonen & Punamäki, 2010). Notable exceptions that include CBT components, address both PGD and PTSD, include narrative construction, build coping skills, facilitate social connections, promote developmental progression, and are adaptable for individual, group, and classroom settings (with optional family components) include *Grief and Trauma In Children* (Salloum, 2015) and *Trauma and Grief Component Therapy for Adolescents* (TGCTA; Saltzman et al., 2017).

Assisting bereaved children to achieve developmental competencies can reduce risks for long-term psychological sequelae. The devastating consequences of war-related bereavement and its persisting sequelae require effective, flexible interventions for youth that mobilize robust protective factors to support recovery and developmental progression. Hobfoll et al. (2007) identified five evidence-based protective factors for victims of terrorism and mass disaster, including *sense of safety*, *calming*, *self- and community efficacy*, *connectedness*, and *hope*. Building on this work, Layne et al. (2021) advocate for proactive interventions that cultivate promotive factors to

strengthen stress resistance and enhance resilient recovery if needed. To be sustainable, interventions must integrate local resources and values (Layne et al., 2021) and address barriers to service access (economic disadvantage; stigma surrounding mental healthcare; shortages of transportation, trained providers, and linguistically- and culturally-adapted interventions) (Saltzman et al., 2017). Efforts to overcome these challenges incorporate lay facilitators, community workers, and other nonspecialists as delivery agents (Betancourt et al., 2013), and utilize local community systems including schools (Newnham et al., 2018; Rousseau & Guzder, 2008; Slone et al., 2013) and novel technologies (web platforms, electronic manuals, modularized e-treatments) to reach high-risk youth (Sullivan & Simonson, 2016). Governments and local agencies can use internet, media, and health care settings to perform public outreach regarding psychological distress, bereavement, grief, and available interventions. Further, virtual training and telehealth offer alternatives in regions where ongoing conflict and safety concerns make in-person training and practice unfeasible.

Building coping resources that are sustainable, developmentally appropriate, and adaptable to diverse stressors is imperative after disasters (Dixon et al., 2024; Layne & Hobfoll, 2020). Of added benefit, interventions focusing on resource enhancement are more readily implemented by nonspecialists (e.g., school personnel; Slone et al., 2013). Resilience- building interventions—sometimes even facilitated by youth themselves—provide a strength- based approach to supporting war-exposed children. Common foci include mobilizing protective factors, promoting positive development (Giordano et al., 2024), protecting children from further harm, encouraging play, strengthening relationships with caregivers, and building strong social support networks (Bosqui & Marshoud, 2018; Slone et al., 2013).

Both *where* (setting) and *how* to intervene are key implementation considerations. Interventions developed for conflict-affected

youth at the levels of *individuals* include Narrative Exposure Therapy for youth (KID-NET; Neuner et al., 2008), and TGCTA (Saltzman et al., 2017); *groups* include the Youth Readiness Intervention (YRI; Newnham et al., 2015); group-based interpersonal therapy (Bolton et al., 2007) and TGCTA; *families* include parenting skills training (Happy Families Program; Annan et al., 2017) and parental psychoeducation (Jordans et al., 2013); and *schools* include classroom-based intervention (Tol et al., 2008; Saltzman et al., 2017) and Teaching Recovery Techniques (Diab et al., 2015). Given the influence of caregiver grief and well-being on bereaved youth, parent-child interventions show utility after terrorism and mass disasters (Brown et al., 2020; Salloum & Overstreet, 2008, 2012). Interventions for large-scale disasters involving mass deaths appear most effective when designed to address both trauma and grief (Dyregrov et al., 2015). These include modularized interventions that contain flexible individual, group, classroom, and family modalities and components (Layne et al., 2008—e.g., Saltzman et al., 2017).

Classroom-based interventions (CBIs) show promise for reducing distress, broad reach, and cost-effectiveness with conflict-affected youth (Newnham et al., 2018; Sullivan & Simonson, 2016). Embedding psychosocial programs within classrooms reduces stigma surrounding mental healthcare and leverages supportive relationships between children and trusted adults (teachers, school counselors) in their social ecologies. Given the frequent shortage of mental health professionals in war contexts, alternative intervention models (training local facilitators including peers in schools), can also meet the needs of bereaved youth. Nevertheless, CBIs alone may be insufficient to address pervasive and ongoing challenges youth face including familial disruptions, political instability, severe adversities, traumatic bereavement, and complex comorbid conditions (Betancourt et al., 2013).

Multi-tiered, multi-modal interventions are needed to support youth and families with

differing levels of risk and distress. For example, Layne et al. (2008) utilized a three-tiered system with war-exposed Bosnian youth consisting of CBI (psychoeducation, skills training), school-based group psychotherapy with seriously distressed youth, and referral of acute-risk students to community-based specialized psychiatric services. Betancourt et al. (2013) note that multi-tiered interventions rely on risk identification and triage systems to screen and detect high-risk cases—a challenging undertaking unless culturally-adapted tools are available. Recent approaches (e.g., *Multi-Tiered System of Supports*, which consists of screening, multi-level prevention system, progress monitoring, and data-based decision making; Brennen et al., 2019; Harlacher & Bailey, 2025) show promise for creating trauma-informed schools in war-affected regions.

## CONCLUSION

Prior wars have much to teach us regarding the diverse and persisting pathways through which war—especially bereavement and other losses—can adversely influence children’s mental health, functioning, developmental progression, and life aspirations (Layne et al., 2010). Adding to this knowledge base, current wars create important opportunities to study resilient outcomes and resilience-enhancing naturalistic factors, as well as improve methods for risk identification and stratification, psychosocial assessment, data-driven decision-making, multi-

level prevention and intervention, and flexible, assessment-driven methods for matching modularized interventions to specific needs (e.g., trauma- vs. grief-focused components). Adapting interventions for different developmental stages, cultures, modalities (individual, family, group, classroom/school, telehealth), dissemination methods (e.g., tele-training), and international partnerships will build local, national, and international capacity to protect and foster resilient recovery in upcoming generations.


## DISCLOSURE STATEMENT

Christopher Layne is a coauthor of, and receives royalties from, *Trauma and Grief Component Therapy for Adolescents*, *Multidimensional Grief Therapy*, the *Prolonged Grief Disorder Checklist for Bereaved Children and Adolescents*, and the *Prolonged Grief Disorder Checklist for Bereaved Adults*.

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