

Parental Death During Childhood and Its Effects on Adulthood: A Scoping Review

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ABSTRACT

Background: The death of a parent during childhood is a profound adverse experience with the potential to influence development across the life course. Although a growing body of research has examined the long-term consequences of childhood parental bereavement, findings remain fragmented across disciplines, outcomes, and cultural contexts. **Objective:** This scoping review aimed to map and synthesize existing evidence on the long-term adult outcomes associated with childhood parental death, with particular attention to mental health, psychosocial well-being, relational functioning, physical health, and socioeconomic attainment. **Methods:** A scoping review was conducted in accordance with PRISMA-ScR guidelines. Electronic searches were performed in PubMed, Scopus, Web of Science, PsycINFO, and Google Scholar for studies published between 2000 and 2025. Eligible studies examined parental death occurring before 18 years of age and assessed outcomes in adulthood. Data were charted and synthesized descriptively, and outcomes were organized into thematic domains. **Results:** Twenty studies met the inclusion criteria, encompassing quantitative, qualitative, and mixed-methods designs. The literature clustered around five broad adult outcome domains: psychological and psychiatric outcomes, psychosocial well-being, relational and family outcomes, physical health and mortality, and coping and meaning-making processes. Findings indicated elevated risks for depression, anxiety, loneliness, and relationship difficulties, as well as disadvantages in education and economic attainment. However, substantial heterogeneity was observed, with many individuals demonstrating long-term adaptation and resilience. Outcomes varied according to age at loss, gender of the deceased parent and child, cause of death, and sociocultural context.

Keywords: *Childhood parental death; Parental bereavement; Adult outcomes; Life-course perspective; Mental health; Psychosocial well-being; Resilience; Scoping review*

The loss of a parent at any age leaves a profound and irreplaceable void, with impacts that can echo throughout an individual's life course, (Sebastian & Karibeeran, 2024). The death of a parent during childhood constitutes a profound adverse childhood experience (ACE) that can disrupt normative developmental trajectories and exert lasting influences across the life course. Globally, millions of children experience parental

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bereavement each year, yet the long-term implications for adult functioning remain unevenly understood. Clarifying these long-term effects is essential for informing prevention strategies, clinical practice, and social work interventions for both bereaved children and adults who experienced early parental loss.

Childhood and adolescence represent critical periods of psychological, emotional, and social development, during which parental figures provide security, emotional regulation support, socialization, and access to economic and educational resources. The premature loss of a parent may destabilize this developmental foundation, with potential consequences for attachment formation, identity development, emotional regulation, and the accumulation of social and human capital. Life-course and stress-process perspectives suggest that early parental death may influence adult outcomes through multiple interrelated pathways, including direct psychological trauma, disruption of family stability and economic resources, altered caregiving arrangements, and cascading effects on educational and social opportunities (Jacobs & Bovasso, 2009; Coffino, 2009; Luecken, 2008). A growing body of empirical research has documented associations between childhood parental bereavement and a range of adverse adult outcomes, including depression, anxiety, substance use, relationship difficulties, and socioeconomic disadvantage (Berg et al., 2016; Simbi et al., 2020; Kamis et al., 2021). Large population-based studies further indicate that the consequences of early parental loss may persist into midlife and later adulthood, influencing physical health and mortality risk (Hiyoshi et al., 2021; Li et al., 2024). At the same time, the literature increasingly highlights substantial heterogeneity in outcomes, with many bereaved individuals demonstrating adaptation, resilience, and posttraumatic growth, particularly in the presence of supportive relationships and effective coping strategies (Greene & Graham, 2017; Woodward et al., 2023).

Despite this expanding evidence base, existing studies remain fragmented across disciplines, outcomes, and methodological approaches. Findings vary according to age at loss, gender of the deceased parent and child, cause of death, and sociocultural context, complicating efforts to draw coherent conclusions. Moreover, much of the literature is concentrated in Western and high-income settings, with limited representation from low- and middle-income regions, including South Asia and Africa, where family structures, social support systems, and cultural meanings of loss may differ substantially (Oyelami et al., 2025). Against this backdrop, the present scoping review synthesizes evidence published between 2000 and 2025 on the long-term adult outcomes associated with childhood parental death. Specifically, the review maps outcomes related to mental health, psychological well-being, social and relational functioning, physical health, and socioeconomic attainment. In addition, it examines moderating factors such as age at loss, gender of the deceased parent, and cause of death, and highlights gaps in the literature to inform future research, policy, and practice.

METHODOLOGY

Study Design

This study adopted a scoping review design to map the existing evidence on the long-term adult outcomes of childhood parental death. Scoping reviews are particularly suited for examining broad and heterogeneous bodies of literature and for identifying key concepts, research gaps, and types of evidence available on a topic. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. To map the breadth and nature of evidence on this topic, a scoping review methodology was selected, as it is particularly

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suitable for synthesizing heterogeneous literature, identifying knowledge gaps, and clarifying key concepts in emerging or complex fields (Arksey & O'Malley, 2005; Levac et al., 2010).

Eligibility Criteria

The eligibility criteria were defined a priori using a population–concept–context framework.

Inclusion Criteria

Studies were included if they:

- i) Examined parental death (biological mother or father) occurring before 18 years of age.
- ii) Assessed outcomes in adulthood (18 years and above).
- iii) Reported long-term psychological, psychosocial, relational, health, or life-course outcomes.
- iv) Employed quantitative, qualitative, or mixed-methods research designs.
- v) Were peer-reviewed journal articles published in English.

Exclusion Criteria

Studies were excluded if they:

- i) Combined parental death with other forms of parental loss (e.g., divorce or separation) without separate analysis for death.
- ii) Focused exclusively on childhood or adolescent outcomes without adult follow-up.
- iii) Were theoretical papers, commentaries, editorials, or reviews.
- iv) Were published before the year 2000.
- v) Did not clearly specify age at parental death or adult outcome assessment.

Information Sources and Search Strategy

A comprehensive literature search was conducted across the following electronic databases: PubMed, Scopus, Web of Science, PsycINFO, and Google Scholar. The search strategy combined keywords and Boolean operators related to parental death, childhood or adolescence, and adult outcomes. Search terms included variations of parental death, bereavement, childhood loss, adult outcomes, mental health, psychosocial functioning, and relationships. Reference lists of included articles were also screened to identify additional relevant studies.

Study Selection

All records retrieved from the databases were compiled, and duplicate entries were removed prior to screening. Titles and abstracts were initially screened to assess relevance to the review objectives. Full-text articles were then assessed for eligibility based on the predefined inclusion and exclusion criteria. The study selection process followed the PRISMA-ScR flow and resulted in the inclusion of 20 studies in the final review. Reasons for exclusion at the full-text stage included mixed definitions of parental loss, lack of adult outcome assessment, conceptual or review articles, and inaccessibility of full text.

Data Charting Process

Data from the included studies were extracted using a structured data-charting form developed specifically for this review. The extracted information included: author(s), year of publication, country of study, study aim, study design and sample characteristics, outcome domains assessed, and key findings. Although age at parental death and age at outcome assessment were extracted during the charting process to confirm eligibility, these variables are not presented in the summary tables, as all included studies examined parental death

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occurring before 18 years of age and assessed outcomes in adulthood. Study limitations were also charted to inform interpretation and synthesis but are summarized at the evidence-base level rather than reported study by study in the main tables.

Synthesis of Results

Extracted data were synthesized using a descriptive and narrative approach. Rather than assessing effect sizes or study quality, the synthesis focused on mapping the breadth and nature of the evidence. Studies were grouped according to adult outcome domains, including psychological health, psychosocial functioning, relational outcomes, physical health, and coping or meaning-making processes. An outcome mapping diagram was developed to visually represent these domains and their relationships.

Critical Appraisal

Consistent with scoping review methodology, a formal risk of bias or quality appraisal was not undertaken. However, study-level methodological limitations were systematically extracted to support interpretation of findings and to identify patterns and gaps across the evidence base. These limitations are synthesized descriptively in the Results and Discussion sections rather than reported at the individual study level.

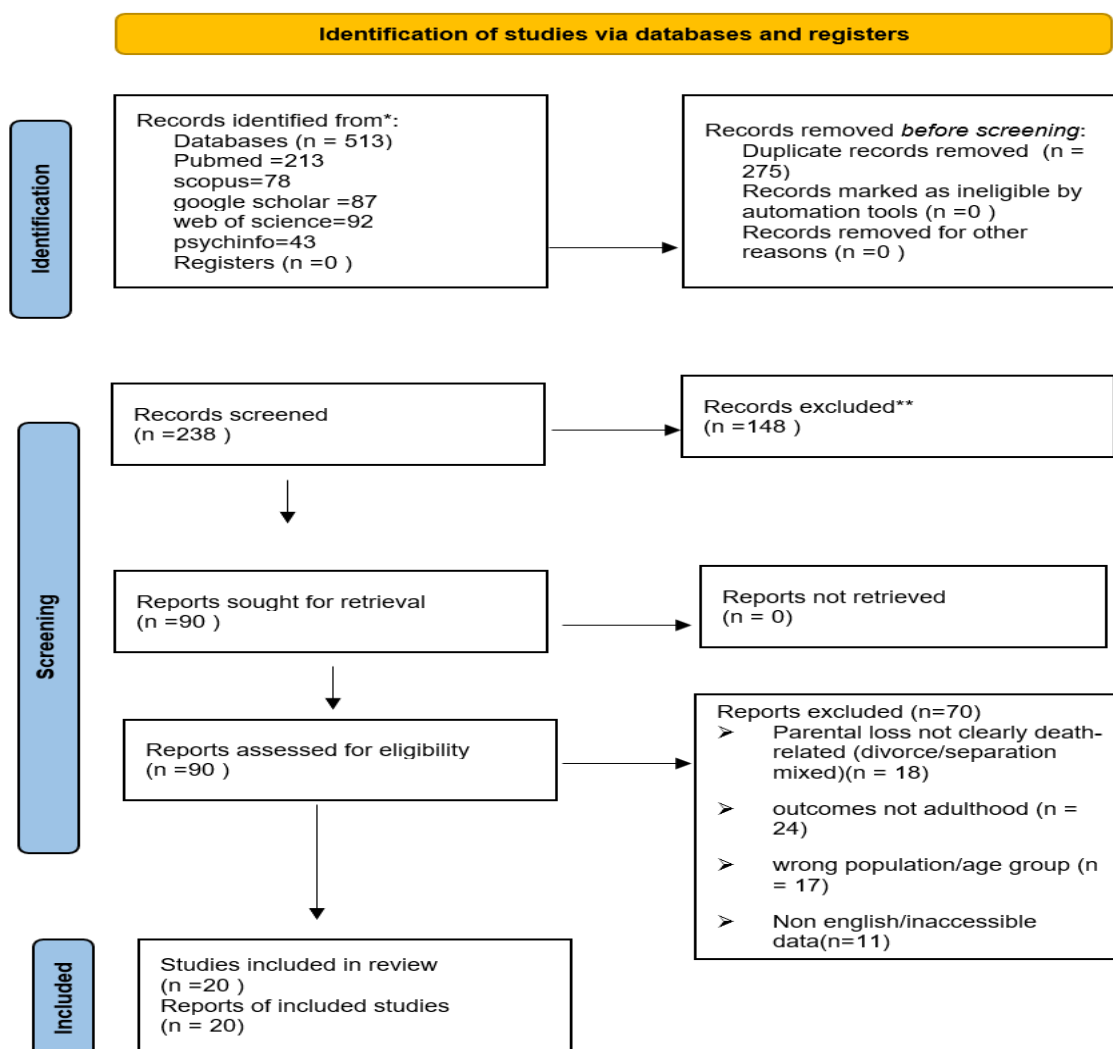


Fig1: The flow chart of the screening process of identified and included studies.

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Table 1. Characteristics and key findings of studies included in the scoping review

S.No	Author & Year	Aim	Methodology	Outcomes and key findings
1.	Jacobs & Bovasso (2009), USA	To examine whether childhood parental death increases risk for adult psychopathology and whether effects differ by parent lost	Longitudinal population-based cohort; structured diagnostic interviews (DSM-III); n = 3,481 baseline, 1,920 follow-up	Paternal (not maternal) death more than doubled risk of major depression in adulthood; no effects on panic or phobic disorders; no gender or age-at-loss interactions
2.	Meyer-Lee et al. (2020), USA	To explore adults' retrospective meanings of childhood parental death and its long-term impact	Retrospective qualitative study; in-depth semi-structured interviews; n = 12	Grief was ongoing and cyclical, closely tied to attachment needs; life events and additional losses reactivated grief across the life course
3.	Mack (2004), USA	To examine effects of childhood parental death on adult sibling relationships	Retrospective cross-sectional secondary analysis (NSFH); n = 3,684	Adults who experienced parental death reported greater sibling closeness; maternal death associated with reduced sibling contact; gender of deceased parent mattered more for contact than emotional closeness
4.	Leopold & Lechner (2015), Germany	To examine changes in subjective well-being following parental death across adulthood	Longitudinal panel study (SOEP); fixed-effects life-course design; n = 2,760	Parental death led to immediate decline in life satisfaction followed by partial adaptation; effects were stronger for daughters and off-time losses, especially after maternal death
5.	Greene & McGovern (2017), USA	To examine gratitude, well-being, depression, and posttraumatic growth after childhood parental death	Retrospective cross-sectional mixed-methods online survey; n = 350	Higher dispositional gratitude was associated with greater psychological well-being and posttraumatic growth and lower depression; most participants reported increased gratitude attributed to early loss
6.	Ellis et al. (2013), UK	To explore personal experiences of early parental death and perceived adult impact	Qualitative narrative study using written and oral narratives; n = 33	Disruption or continuity in family life, quality of communication, and social support during childhood shaped adult identity, relationships, and emotional expression
7.	Vasilj et al. (2022), Bosnia & Herzegovina / Croatia	To assess physical & mental health satisfaction among adults with childhood parental death	Retrospective cross-sectional matched-pairs study; n = 58	Bereaved participants reported significantly lower mental health satisfaction despite no differences in standardized psychopathology or physical health satisfaction

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S.No	Author & Year	Aim	Methodology	Outcomes and key findings
8.	Stikkelbroek et al. (2012), Netherlands	To examine long-term psychopathology following childhood parental death	Prospective longitudinal epidemiological study with diagnostic interviews n = 7,076	Childhood parental death was not associated with increased overall adult psychopathology, though a higher incidence of panic disorder was observed
9	Li et al. (2014), Denmark/Sweden/Finland	To examine long-term mortality risks following childhood parental death	Population-based longitudinal cohort using national registers; n \approx 7.3 million	Childhood parental death was associated with a 50% increased risk of all-cause mortality persisting into adulthood, especially following parental suicide or other unnatural causes
10	Berg et al. (2016), Sweden	To investigate risk of adult depression following childhood parental death	Prospective longitudinal register-based cohort; n = 862,554	Parental death in childhood was associated with increased risk of adult depression, particularly following external causes and earlier age at loss
11.	van Heijningen et al. (2023), Netherlands	To examine mental and physical health outcomes associated with childhood parental death	Cross-sectional analysis within a longitudinal cohort (NESDA); n = 2,640	No overall association with adult mental or physical health; younger age at parental death was associated with higher suicidal ideation
12.	Böckerman et al. (2023), Finland	To examine mental health, educational, and economic outcomes after early parental death	Nationwide population-based longitudinal cohort; n \approx 400,000	Early parental death was associated with poorer adult mental health, lower educational attainment, weaker labour market attachment, and reduced earnings
13.	Tyrka et al. (2008), USA	To examine adult psychopathology following childhood parental death and separation	Cross-sectional comparative clinical study; n = 105	Childhood parental death independently predicted higher rates of adult depressive and anxiety disorders, even after controlling for family psychiatric history
14.	Appel et al. (2013), Denmark	To investigate affective disorders following early parental death	Nationwide longitudinal cohort using registry data; n \approx 1.2 million	Early parental death increased risk of hospitalization for unipolar affective disorders; risks were highest following parental suicide
15.	van Heijningen et al. (2023), Netherlands	To examine romantic relationships and attachment following childhood parental death	Cross-sectional comparative study; population-based sample; n = 1,014	Childhood parental death was associated with higher attachment anxiety and lower perceived partner responsiveness; strong bonding with the deceased parent buffered effects
16.	Liu et al. (2021), China	To examine long-	Cross-sectional	Childhood parental death

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S.No	Author & Year	Aim	Methodology	Outcomes and key findings
		term physical health outcomes following childhood parental death	national survey (CHARLS); n = 6,346	was associated with poorer self-rated health and more chronic conditions through cumulative life-course disadvantage
17.	Hiyoshi et al. (2021), China	To examine adult health consequences of childhood parental death	Population-based retrospective cohort study; large national sample	Childhood parental death was associated with poorer physical and mental health outcomes persisting into mid and later adulthood
18.	Varol et al. (2021), Turkey	To examine attachment patterns and mourning reactions after childhood parental death	Cross-sectional comparative university-based study; n = 423	Early parental death was not associated with insecure attachment overall; however, intense mourning combined with dismissing attachment predicted dysfunctional relationship beliefs
19.	Peng et al. (2022), China	To examine loneliness in adulthood following childhood parental death	Community-based cross-sectional study; n = 32,682	Childhood parental death was independently associated with higher loneliness in adulthood, even after controlling for depression and anxiety
20.	van Heijningen et al. (2025), Netherlands	To explore supportive and unsupportive factors in coping with childhood parental death	Qualitative retrospective interview study; n = 60	Stability, acknowledgement of loss, and long-term social support were central to adaptive coping; father loss was linked to greater perceived lack of support

Table 2a. Methodological design and data characteristics of included studies (n = 20)

Methodological Characteristic	Number of Studies	Percent (%)
Study design		
Longitudinal (cohort / panel / register-based)	9	45%
Cross-sectional (survey / comparative)	8	40%
Qualitative (interviews / narratives)	3	15%
Mixed-methods	1	5%
Source of Data		
Population or national registry data	7	35%
Community-based samples	6	30%
Clinical or health-cohort samples	3	15%
University / student samples	2	10%
Online self-selected samples	2	10%
Methodological orientation		
Retrospective design	14	70%
Prospective design	6	30%

Table 2b. Outcome domains, measurement characteristics, and analytical approaches of included studies (n = 20)

Characteristic	Number of Studies	Percentage (%)
Outcome domains assessed		
Psychological / mental health outcomes	15	75%
Relational / attachment / family outcomes	9	45%
Physical health outcomes	5	25%
Socioeconomic / educational outcomes	3	15%
Identity, meaning-making, or coping processes	4	20%
Measurement characteristics		
Standardized diagnostic or symptom scales	13	65%
Registry-based diagnostic outcomes	6	30%
Direct assessment of grief processes	4	20%
Single-item well-being measures	2	10%
Analytical approach		
Regression-based quantitative analyses	14	70%
Comparative group analyses	5	25%
Thematic or narrative qualitative analysis	4	20%

RESULTS

A total of 20 studies met the inclusion criteria and were included in this scoping review (Figure 1). The included studies examined the long-term consequences of parental death during childhood or adolescence on a wide range of adult outcomes. The studies were published between 2004 and 2025 and represented diverse geographical contexts, including Europe, North America, and Asia (e.g., Stikkelbroek et al., 2012; Leopold, 2015; Hiyoshi et al., 2021; Peng et al., 2022). Study designs were heterogeneous and included large-scale population-based cohort studies, cross-sectional surveys, and qualitative investigations, reflecting the multidisciplinary nature of research on childhood parental death.

Characteristics of Included Studies

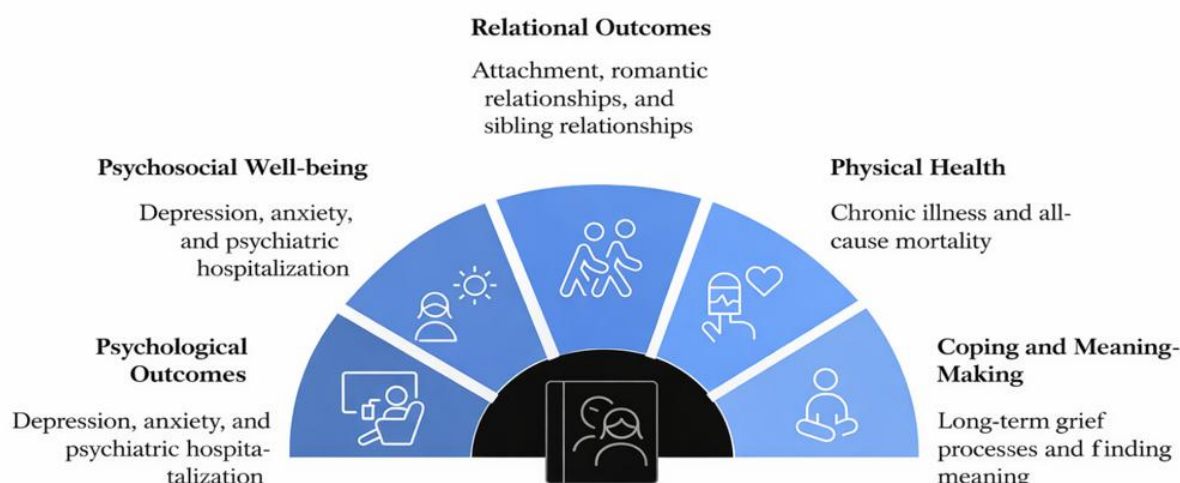
Sample sizes varied considerably, ranging from small qualitative samples (e.g., 12–60 participants) to large national cohorts exceeding one million individuals (e.g., Leopold, 2015; Høeg et al., 2018). Most quantitative studies relied on administrative registers or nationally representative survey data (e.g., Stikkelbroek et al., 2012; Hiyoshi et al., 2021), while qualitative studies used retrospective interviews to explore lived experiences and coping processes (e.g., Ellis et al., 2013; van Heijningen et al., 2025). Across studies, parental death occurred before 18 years of age, although several studies further differentiated timing of loss into early childhood, middle childhood, and adolescence. Adult outcomes were assessed across a broad age range, from emerging adulthood (e.g., 19–29 years) to later life (e.g., 45 years and above) (e.g., Mireault & Bond, 1992; Liu et al., 2021).

Study Designs and Methodological Approaches

Methodological approaches varied widely across studies. Quantitative studies primarily employed longitudinal cohort designs, cross-sectional analyses, and registry-based epidemiological methods (e.g., Stikkelbroek et al., 2012; Leopold, 2015; Peng et al., 2022). Qualitative studies relied on in-depth interviews, thematic analysis, and narrative methods to explore subjective experiences (Ellis et al., 2013; van Heijningen et al., 2025). Most studies relied on retrospective reporting of age at parental death, although registry-based studies provided prospectively recorded exposure data.

Outcome Domains Identified

Childhood Parental Death Outcomes



Five broad adult outcome domains were identified across the included studies and are illustrated in the outcome mapping diagram (Figure 2).

Psychological and Psychiatric Outcomes

A substantial proportion of studies focused on adult mental health and psychiatric outcomes, including depression, anxiety disorders, panic disorder, substance use, and psychiatric hospitalisation. Large population-based cohort studies reported elevated risks of depression and psychiatric morbidity following childhood parental death, particularly in cases of maternal death, loss from external causes, and loss occurring at younger ages (e.g., Stikkelbroek et al., 2012; Berg et al., 2016; Hiyoshi et al., 2021). However, several studies also reported evidence of long-term adaptation, with no significant differences in overall lifetime prevalence of mental disorders between bereaved and non-bereaved individuals in adulthood (e.g., Stikkelbroek et al., 2012; Leopold, 2015). These findings indicate considerable heterogeneity in psychological outcomes.

Psychosocial Well-being and Subjective Health

Beyond psychiatric diagnoses, several studies examined broader indicators of psychosocial well-being, including life satisfaction, perceived mental health, and self-rated health (e.g., Leopold, 2015; Liu et al., 2021). Some studies reported partial or incomplete adaptation in adulthood, particularly among women who experienced maternal death, while others found minimal long-term differences in subjective well-being (e.g., Leopold, 2015). Late-life studies demonstrated that childhood parental death was associated with poorer self-rated health and a higher burden of chronic conditions, with indirect effects operating through educational attainment, socioeconomic disadvantage, and reduced social support (Liu et al., 2021).

Relational and Family Outcomes

Relational outcomes formed a distinct domain within the literature. Several studies examined adult sibling relationships, romantic partnerships, and attachment-related processes. Findings suggested increased emotional closeness between siblings following childhood parental death, although patterns of contact varied by the gender of the deceased parent (e.g., Leopold & Lechner, 2015). Romantic relationship outcomes were mixed. Large

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registry-based studies reported higher rates of relationship dissolution among bereaved individuals, particularly following parental death by suicide (Høeg et al., 2018). Other studies identified elevated attachment anxiety and lower perceived partner responsiveness in adulthood (van Heijningen et al., 2023), while some found no significant differences in relationship formation compared with non-bereaved peers (Høeg et al., 2018).

Physical Health and Mortality

A smaller subset of studies examined physical health outcomes and mortality. Population-based cohort studies consistently demonstrated increased all-cause and cause-specific mortality associated with childhood parental death, persisting across the life course (e.g., Hiyoshi et al., 2021; Berg et al., 2016). Elevated risks were particularly evident following parental death due to unnatural causes, such as suicide or accidents (Hiyoshi et al., 2021). Other studies reported poorer physical health indicators in adulthood, including higher prevalence of chronic illness and functional limitations (Liu et al., 2021).

Coping, Meaning-Making, and Long-Term Grief Processes

Qualitative studies highlighted the ongoing and non-linear nature of grief following childhood parental death. Recurring themes included disruption of family systems, instability in caregiving arrangements, lack of long-term support, and reactivation of grief during adult life transitions (e.g., Ellis et al., 2013; van Heijningen et al., 2025). Several studies emphasised meaning-making, resilience, and adaptive coping, alongside enduring vulnerability, suggesting that long-term adjustment is shaped by social support, acknowledgment of loss, and continuity of care across developmental stages (Ellis et al., 2013; van Heijningen et al., 2025).

Research Gaps and Future Directions

Despite a growing body of literature examining the long-term consequences of childhood parental death, several critical gaps remain. Addressing these gaps is essential for advancing both theoretical understanding and intervention development.

Geographic and Cultural Gaps

A major limitation in the existing literature is its heavy concentration in Western and high-income countries, with minimal representation from South Asia, including India. Given the region's distinctive family systems, caregiving norms, and cultural meanings of loss, there is an urgent need for context-specific research examining childhood parental bereavement and adult outcomes. Evidence from Africa and East Asia suggests that cultural context significantly shapes both vulnerability and adaptation following parental loss (Oyelami et al., 2025; Li et al., 2024; Peng et al., 2022). Future studies should examine whether findings from Western populations generalize to South Asian settings and identify culturally specific risk and protective factors. Comparative cross-cultural studies using standardized measures would further enhance understanding of global variations in bereavement trajectories.

Mechanisms and Mediating Pathways

While associations between childhood parental death and adverse adult outcomes are well documented (Simbi et al., 2020; Jacobs & Bovasso, 2009; Berg et al., 2016), the mechanisms linking early loss to later functioning remain insufficiently explored. Longitudinal studies incorporating repeated assessments of attachment security, family functioning, economic resources, social support, and coping strategies across developmental stages are needed to clarify causal pathways and identify critical periods for intervention. Neurobiological research examining stress physiology, biological aging, and long-term

health processes represents a promising but underdeveloped area (Luecken, 2008; van Heijningen et al., 2023).

Intervention and Translational Research

The current literature is predominantly observational, with limited evidence on effective interventions. There is a clear need for experimental and quasi-experimental studies evaluating grief counseling, family-based interventions, educational support, and mental health services for bereaved children and adolescents. Long-term follow-up into adulthood is particularly important, as evidence suggests that psychological vulnerabilities may persist despite early support (Appel et al., 2019). The limited effectiveness of existing interventions highlights the need for innovative, developmentally informed, and culturally responsive approaches.

Positive Adaptation and Post-traumatic Growth

Although emerging research has begun to document resilience, meaning-making, and posttraumatic growth following childhood parental loss (Greene & Graham, 2017; Shorer et al., 2025; Woodward et al., 2023), this remains an underdeveloped area. Greater attention to positive adaptation, flourishing, and strengths-based outcomes would help counterbalance the predominantly deficit-focused literature. Qualitative studies exploring narratives of growth and turning points in adult development may provide deeper insight into processes that foster long-term resilience.

Moderators, Life-Course, and Intergenerational Effects

Existing studies have identified moderators such as age at loss, gender of the deceased parent, cause of death, and child gender (Kamis et al., 2021; Appel et al., 2013; Høeg et al., 2018). However, limited research has examined the interactive effects of these factors or considered additional moderators such as caregiving continuity, relationship quality with the deceased parent, and access to social and mental health resources. Moreover, while some studies have followed individuals into midlife and later adulthood (Maier & Lachman, 2000; Li et al., 2024), little is known about how early loss influences later life transitions or intergenerational patterns of risk and resilience (Ellis et al., 2013; van Heijningen et al., 2025).

Policy and Structural Dimensions

Finally, there is a need for greater attention to the economic and policy implications of childhood parental bereavement. Population-based studies suggest long-term effects on socioeconomic attainment and mortality (Böckerman et al., 2023; Hiyoshi et al., 2021), yet few studies examine the role of social protection systems, survivor benefits, or educational policies in mitigating these outcomes. Research evaluating the cost-effectiveness of interventions and the role of welfare, health, and education systems would provide critical evidence to inform policy and practice.

CONCLUSION

This scoping review (2000–2025) demonstrates that childhood parental bereavement is associated with enduring consequences across mental health, psychological well-being, social relationships, and socioeconomic functioning in adulthood. Evidence consistently shows elevated risks for depression, anxiety, suicidality, loneliness, relationship difficulties, and reduced life satisfaction, alongside disadvantages in education, employment, and economic stability. These outcomes often unfold across the life course, suggesting that early parental loss can initiate cumulative pathways of vulnerability that persist into midlife and

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later adulthood. At the same time, outcomes are heterogeneous: many bereaved individuals show resilience, particularly in the presence of social support, family stability, effective coping, and opportunities for meaning-making and posttraumatic growth.

Importantly, the reviewed literature highlights key moderators, including age at loss, gender of the deceased parent and child, and cause of death, with earlier loss and external causes generally associated with greater risk. While psychological consequences appear broadly consistent across Western, East Asian, and African contexts, cultural variation in family structures, coping practices, and service access remains underexplored, with a notable absence of evidence from India and South Asia. From a clinical and policy perspective, these findings underscore the need for long-term, developmentally informed, and context-sensitive support systems that extend beyond immediate grief care to include mental health monitoring, educational support, and economic protection. Future research should prioritize culturally diverse populations, clarify mediating mechanisms, evaluate interventions, and examine resilience and intergenerational effects to better inform evidence-based practice and policy for bereaved children and adults.

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Conflict of Interest

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