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Examining Early Childhood Expulsion Through a Trauma-Informed Lens

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Abstract

Expulsion is unfortunately common in early childhood settings and has a negative impact on both children and caregivers. In this qualitative study, we conducted semi-structured interviews to learn about caregivers' experiences with early childhood expulsion. We analyzed the data using a trauma-informed lens to examine how the experience of expulsion was potentially traumatic to children and caregivers. Our findings indicate that caregivers believed the experience of expulsion was deeply harmful for themselves and their children. The implications of this study highlight ways early childhood education systems and practices can improve to be more trauma-informed and prevent expulsion.

Keywords

expulsion, preschool, trauma

Introduction

Expulsion in Early Childhood

In the pivotal time of early development, early childhood education (ECE) should focus on fostering inclusion and belonging. Unfortunately, many young children experience the opposite, with forced removal and the implicit messaging "you do not belong" through expulsions. Expulsion is defined as the permanent termination of educational services (Gilliam, 2005). Early expulsion continues to be endemic, with children being more than three times as likely to be expelled from ECE settings than from kindergarten through 12th grade settings (Children's Equity Project, 2020; Gilliam, 2005). Additionally, these exclusionary practices disproportionately impact boys, children of color, children with disabilities, and children who have experienced trauma (Fabes et al., 2020; Zeng et al., 2019, 2021). Most empirical work addressing expulsion has focused on prevalence and prevention efforts, less on impact, and very little represents child and family perspectives (Zinsser et al., 2022). Even though there is a well established research base about expulsion in early childhood (Blacher & Eisenhower, 2023; Gilliam, 2005; C. E. O'Grady et al., 2024; Zeng et al., 2021; Zinsser et al., 2022), researchers to date have yet to understand how expulsion may manifest as traumatic for children and caregivers (Chudzik, Corr, & Santos, 2023)

Defining Trauma

Trauma is an event or series of events that impacts a person's ability to cope and impacts them emotionally, cognitively, behaviorally, and/or physically (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Events such as abuse, death of a loved one, or a natural disaster can cause trauma, as well as systemic events such as poverty and racism (Goldin et al., 2023; National Child Traumatic Stress Network, 2017). Researchers have also identified that being denied access to resources, including child care, and the resounding effects of the denial can be traumatic (Goldin et al., 2023).

Defining Trauma-Informed Care

Rates of trauma are high in early childhood, with estimates suggesting that up to one in two preschool-aged children experience trauma (Jimenez et al., 2016). Additionally, 76.7% of victims of child maltreatment (i.e., abuse or neglect) are 5 years of age or younger (U.S. Department of Health and Human Services, 2021). Because of this, the

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fields of early childhood/early childhood special education have made commitments to supporting young children and their families who have experienced trauma (Division for Early Childhood, 2016; National Association for the Education of Young Children, 2020). One way this can be done is through the usage of trauma-informed care (TIC). Trauma-informed care is a type of service delivery that integrates an understanding of the effects of trauma and aims to support rather than cause more harm (Harris & Fallot, 2006; SAMHSA, 2014). Trauma-informed care focuses on ameliorating the effects of trauma and preventing future trauma from occurring (Harris & Fallot, 2006; SAMHSA, 2014). In education settings, trauma-informed care requires both responding to already existing trauma and preventing future trauma from occurring in the education setting (Crosby et al., 2018; Venet, 2021). Consequently, it is necessary to examine the ways in which ECE programs support children who have experienced trauma or the ways they cause trauma.

The Importance of Trauma-Informed Care in Early Childhood Education

Early childhood settings have the potential to significantly positively impact children who have experienced trauma. Previous research examining the effects of preschool on children who have experienced trauma found that quality, trauma-informed preschool positively affected child developmental outcomes (Dinehart et al., 2012; Holmes et al., 2015; Lipscomb et al., 2013; Saint Gilles & Carlson, 2020; Tucker et al., 2021). Therefore, it is imperative that trauma-informed care is being implemented in ECE settings. Despite the importance, research suggests that most education professionals are not being prepared to implement trauma-informed care, both at the pre-service (Reddig & VanLone, 2022) and in-service level (Education Commission of the United States, 2020). Without sufficient training, teachers report feeling overwhelmed, stressed, and unprepared in trying to support children with challenging behavior (Kwok, 2018; Lewis, 2011). This may result in teachers feeling as though they have no other option but to expel a child (C. E. O'Grady & Ostrosky, 2023) . Finally, children with disabilities are more likely to experience trauma (Sullivan & Knutson, 2000) and more likely to experience expulsion (Zeng et al., 2021). Therefore, examining the intersections of early childhood expulsion, disability, and trauma is critical.

Present Study and Purpose

This study was part of a larger interview project which examined caregiver experiences with expulsion in ECE programs. We defined caregiver as an adult that saw themselves in a primary caretaker role for a young child (e.g., mother,

father, foster parent, grandparent). This larger study focused on the impact of early expulsion events on families, with participants detailing what their lives were like before expulsion, the expulsion event, and their lives after expulsion. It was from this initial analysis that we discovered a number of the children had experienced trauma at some point prior to the expulsion, and most participants described the expulsion event itself and the aftermath as traumatizing. Previous research has addressed the increased risk of expulsion for children who have experienced trauma (Zeng et al., 2021). However, we wanted to explore the ways in which the experience of early childhood expulsion itself contributes to the traumatization or re-traumatization of young children and families. Therefore, the purpose of this study was to explore, through a trauma-informed lens, the impact that early childhood expulsion has on caregivers. The research question guiding this study was:

1. In what ways does the experience of early childhood expulsion contribute to the (re)traumatization of children and their caregivers?

Theoretical Frameworks

We used the Substance Abuse and Mental Health Services Administration's (SAMHSA, 2014) concept of TIC to frame this study. TIC involves centering the understanding of the impact of trauma and responding to trauma in an appropriate way (Cole et al., 2013). SAMHSA identified four key assumptions in a trauma-informed approach: (a) realize the widespread impact of trauma, (b) recognize the signs and symptoms of trauma, (c) respond by integrating knowledge about trauma into policies, procedures, and practices, and (d) resist re-traumatization. This framework calls for an examination of practices and policies to determine how they are supporting individuals who have experienced trauma or how they are causing future harm. In using this framework to ground our purpose, analysis, and organization of findings, we aimed to understand how the expulsion experience was traumatic for children and caregivers. Additionally, we also considered the intersectional lens of Disability Studies and Critical Race Theory (DisCrit), defined as "a framework that theorizes the ways in which race, racism, dis/ability and ableism are built into the procedures, discourses and institutions of education" (Annamma et al., 2013, p. 7). Our understanding of this theory and of how racism and ableism impact children and caregivers in early childhood settings guided our analysis and interpretation of the results.

Methods

This qualitative study used interviews as the main source of data. Semi-structured interviews allowed us to systematically

gather information about participants' experiences with suspension and expulsion in early childhood, while also allowing room for flexibility and asking questions dependent on the context of each interview (Patton, 2014). Institutional IRB approval was obtained in June 2020.

Positionality

The research team consisted of two graduate students and two faculty members. Together, the research team had extensive experience teaching (in early childhood settings and higher education settings), working with young children and families, and conducting research in early childhood settings. The research team has research interests including expulsion, trauma, and trauma-informed care in early childhood. Several members of the research team are parents and all members of this research teach identify as white. This research topic was purposefully selected by merging our individual research and practitioner interests (trauma and early childhood expulsion) to examine a complex issue plaguing our field. Further, the member of the research team who conducted interviews shared her own experiences with exclusionary discipline with her child to build rapport with participants and in an effort to feel more comfortable sharing their experiences. Finally, as a research team and practitioners, we are particularly interested in and motivated by successfully supporting the inclusion of children with disabilities in all early childhood settings.

Recruitment

We used convenience and snowball sampling to recruit participants by sharing the research flyer in relevant social media groups. Interested participants were directed to an online survey asking them to confirm that their child was expelled from an early childhood setting within the last 5 years and to provide their contact information. Then, a member of the research team contacted eligible participants to schedule an interview. Participants received an electronic $10 gift card in appreciation of their time upon completion of the interview and member check.

Participants

Twenty-six caregivers participated in this study. Participants lived across the United States, in rural, suburban, and urban areas, with representation from all regions of the United States (e.g., Midwest, South, West). The majority of participants identified as White ($n=23$), with one identifying as Black, one Asian, and one multi-racial. Most participants identified as being middle-class socioeconomic status ($n=25$), were between the ages of 26 and 48, and identified as female ($n=24$). All participants' primary language was English. See Table 1 for additional information about the caregiver demographics. The majority of the children represented in this study were male ($n=19$), and seven were female. Twenty-one of the children discussed in this study were white, two Black, one Asian, and two multiracial. Additionally, a large proportion of the children had a disability ($n=22$). Children's disability status and label were identified by their caregivers. See Table 2 for additional details about the child demographics.

Data Collection

We conducted semi-structured interviews with participants to learn about their experiences with expulsion. The interviews were designed to last about 60 min and had four parts: (a) rapport building and learning about the caregiver and child, (b) experiences with the early childhood program before the expulsion, (c) the expulsion event, and (d) the impact after the expulsion. The interview was piloted with a caregiver whose child had been expelled from an early childhood setting, and we made minor changes to the protocol (i.e., the flow of questions, minor wording). Interviews were conducted with research team members who had experience conducting interviews and had experience working in early childhood settings.

Interviews were conducted on the phone or over Zoom, depending on participant preference, and lasted an average of 51 min (range 26–70 min). After interviews were completed, they were professionally transcribed. A member of the research team read each transcript to check for accuracy and removed any identifying information. Then, we created a one page summary of the interview as a member check (Brantlinger et al., 2005), shared it with participants, and asked them to read it over and provide any clarifications or comments. Nineteen participants responded to approve the member check, with three adding additional information or making slight changes.

Data Analysis

Data was analyzed by three members of the research team. We followed the steps outlined by Miles et al. (2020) to analyze the data. We first created a deductive coding scheme using the four components of SAMHSA's framework of trauma-informed care. This enabled us to use versus coding, which is used to identify phenomena, processes, concepts, etc., in direct conflict with each other (Saldaña, 2021). When reading the interview data, we coded for whether each component was present or not present in the data (i.e., realize the impact of trauma vs not realize the impact of trauma, respond by integrating TIC vs. not respond by integrating TIC). We also created additional codes throughout the coding process to capture the data via inductive descriptive coding, which is used to summarize the basic topic of the data in a word or short phrase (Saldaña,

Table 1. Caregiver Demographic Information.

Demographic	*n*	%
Race		
White	23	88.6
Black	1	3.8
Asian	1	3.8
Bi–racial	1	3.8
Sex		
Female	24	92.3
Male	2	7.7
SES		
Lower middle class	2	7.7
Middle class	17	65.4
Upper middle class	6	23.1
Upper class	1	3.8
Age		
25–29	1	3.8
30–34	6	23.1
35–39	11	42.3
40–44	6	23.1
45–49	2	7.7
Relationship		
Single	3	11.5
Married	19	73.1
Partnership	2	7.7
Divorced	2	7.7

Table 2. Child Demographic Information.

Demographic	*n*	%
Race		
White	21	80.8
Black	2	7.7
Asian	1	3.8
Multiracial	2	7.7
Sex		
Female	7	26.9
Male	19	73.1
Disability		
Autism spectrum disorder	3	11.5
Attention-Deficit Hyperactivity Disorder	3	11.5
Anxiety	1	3.8
Allergies	1	3.8
Cerebral Palsy	1	3.8
Down syndrome	1	3.8
Dyslexia	1	3.8
Oppositional defiant disorder	2	7.7
Intellectual disability	1	3.8
Multiple disabilities	8	30.8
N/A	4	15.4

2021). Examples of these inductive codes that we created include "racism," "ableism," and "systems trauma." Two members of the research team, who had experience coding qualitative data and knowledge of trauma-informed care and expulsion in early childhood, analyzed the qualitative data. First, they read and coded the transcripts independently, then came together to discuss codes and come to consensus. Notes were taken throughout the coding process to record decisions that were made about the data and key discussions that were had.

After coding was complete, two members of the research team reviewed each excerpt to ensure it was properly coded and re-coded the excerpt as necessary. Finally, three members of the research team identified the relationships among codes and across interviews to develop the findings (Miles et al., 2020). We first did this independently, by reviewing the coded data and looking for connections and similarities among the data. Then, we came together to discuss and decide on the final findings, using coded excerpts as evidence for each finding.

Trustworthiness and Credibility

We took several steps throughout the data collection and analysis process to ensure credibility and trustworthiness (Brantlinger et al., 2005; Trainor & Graue, 2014). First, we

used a collaborative research process that involved multiple researchers in the analysis process. This enabled us to involve various perspectives and engage in peer debriefing. Additionally, during analysis and findings development, we wrote memos to capture our thoughts, reflections, and decisions that were made. Finally, by conducting member checks with participants, we invited additional collaboration and information from the participants.

Findings

We identified three main themes and associated sub-themes that align with SAMHSA's framework of TIC. Most participants described that they and/or their children had either experienced trauma prior to the expulsion, or shared that the expulsion experience itself caused trauma. Each theme is described below, with a numerical code to delineate participants. All names used are pseudonyms. See Figure 1 for a visual of our findings and how they connect to SAMHSA's framework of trauma-informed care.

ECE Programs are Unprepared to Support Children Who Have Experienced Trauma

Throughout the interviews, participants described that ECE programs were unprepared to support their children who had previously experienced or were currently experiencing trauma. This lack of understanding and preparation was believed to contribute to the re-traumatization of their
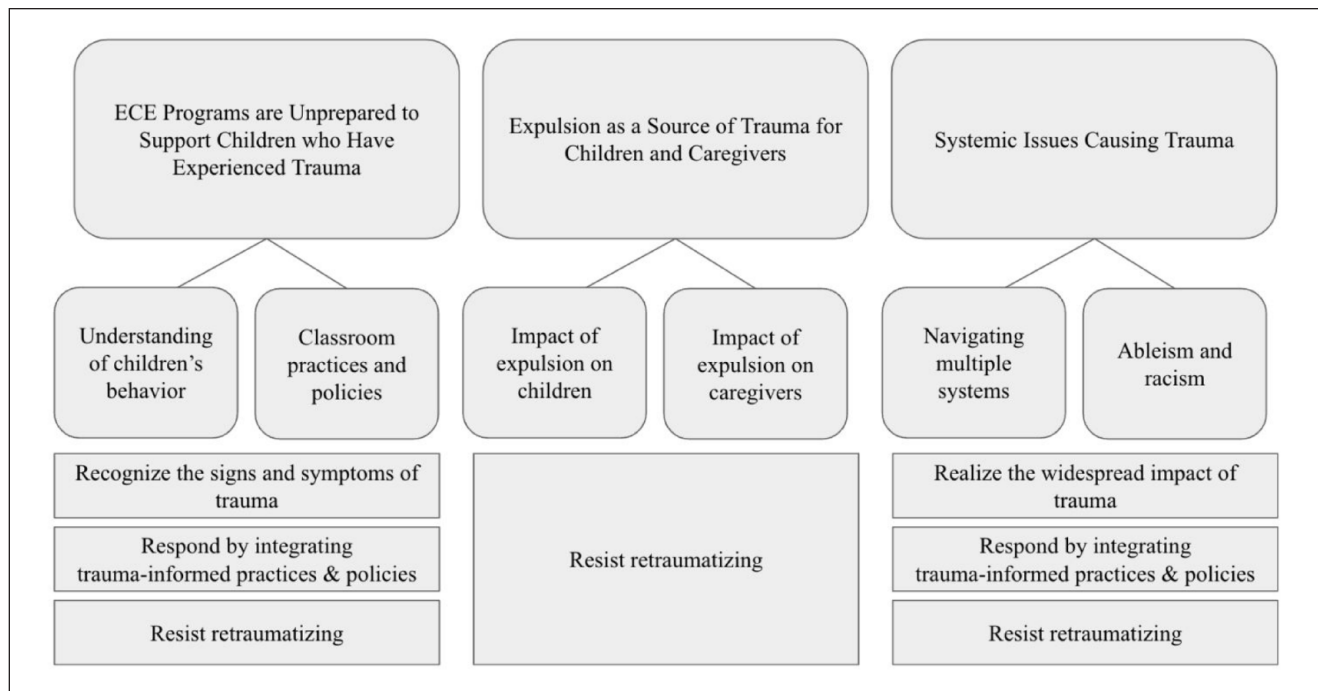
Figure 1. Themes and connection to SAMHSA's trauma-informed care framework.

children via harmful practices and expulsion. This was seen in ECE professionals' understanding and perceptions of children's behavior and the practices and policies they used in their classroom. This theme aligns with the *recognize, respond*, and *resist retraumatizing* components of SAMHSA's framework of TIC; caregivers reported that their child's ECE provider did not recognize that their behavior was due to trauma, and they responded by using practices and policies that were not trauma-informed, which then retraumatized children.

(Mis)Understanding of Children's Behavior. Oftentimes, participants felt like the ECE professionals did not recognize when their children's behaviors were stemming from previous trauma or negative experiences. This misunderstanding of the root causes of behavior contributed to the expulsion event. One participant shared, "I think that there have been so many transitions that she is misunderstood. She's had bad behaviors over the years because she's with people who didn't understand her or [didn't] know that they were coping responses" (p. 22). Other participants shared similar experiences. One recalled a time when she was staying with her seriously ill son in the hospital and her daughter was staying at different friends' houses. The child care center noticed a change in her behavior; instead of supporting the child and her family during this difficult time, they repeatedly called her mother and requested she be picked up early. Eventually, she was told her daughter could only continue to attend if she was accompanied by an individual aide, paid

for by the family. The participant shared she felt like her daughter's behavior was misunderstood, and the fact that they expelled her for it left her feeling "like no childcare would be able to handle her" (p. 25).

Finally, other participants said that it seemed like teachers disapproved of their child's behavior and that the teachers suggested their children be medicated to "fix" the behavior. This difference in views on behavior caused conflicts between caregivers and ECE professionals. This approach to behavior management was upsetting for participants; some attempted to seek alternative care for their child, while others had back and forth interactions with the ECE professionals about the usage of medications. Overall, participants observed that ECE professionals were misinterpreting their children's behavior, especially when the behavior was occurring after trauma, which contributed to their expulsion.

Classroom Practices and Policies. According to participants, the way ECE professionals responded to children's challenging behavior was an indicator of their inability to support children who have experienced trauma. Because they did not have the trauma-informed care knowledge/skills, their responses instead contributed to re-traumatization, for example, excluding children from certain activities, seclusion in a separate classroom with an aide, and restraint. One participant in particular described the traumatic cycle of her son being restrained multiple times while enrolled in kindergarten at a public school said it felt like "feeding [her] kid to the

wolves" and that it was a hard situation because as a parent "you get in trouble if you don't send your kid to school" (p. 13). Another participant shared a similar experience with her child being inappropriately disciplined after exhibiting certain behaviors. She shared, "They started this burying thing where they would grab those cushions, and they would bury him into the middle until he was done with his meltdowns" (p. 19). These harmful disciplinary practices signaled to caregivers that the ECE professionals were unprepared to support their children, causing additional trauma.

Expulsion as a Source of Trauma for Children and Caregivers

Participants in this study recognized that the expulsion and events leading up to it either caused trauma for themselves and their children or retraumatized them. This was especially true for children and caregivers from historically marginalized backgrounds, including children of color, children involved in the child welfare system, and children with disabilities. This theme aligns with the *resist retraumatizing* component of SAMHSA's framework of TIC; caregivers reported that the expulsion, the events leading up to it, and the impact of it afterwards retraumatized themselves and/or their child.

Impact of Expulsion on Children. Many participants disclosed that their children had experienced trauma at some point. Particularly, a handful of children had been involved in the child welfare system. Participants recognized the impact that this had on their child and called out the ways experiencing expulsion caused further harm. One participant described the day her daughter was expelled from her child care center, saying "my daughter waved out the car window and her teacher said 'see you next week!' So there's one more adult who lied to her and abandoned her" (p. 1). Other participants in similar situations echoed this sentiment, with another sharing "for kids like Clara who have been through a lot of trauma and disruption, people in and out of her life, and people abandoning her, getting kicked out of daycare is the worst" (p. 25). These participants hoped that ECE programs would help their child, and instead they ended up contributing to their harm.

Other participants described the lingering impact the expulsion had on their child. They noted the emotional toll the expulsion had, with one participant detailing what happens when they drive past the old ECE center: "A couple of times I drove by it with her, even a year later, she cries and says she was a bad girl. I just stopped driving that way" (p. 3). Other participants shared the impact being expelled had on their children, specifically on their self esteem and ability to build relationships with new teachers or peers. One participant shared "He definitely was sad and his self esteem was hurt. You shouldn't see that in a five-year-old" (p. 8).

Overall, participants thought their ECE program would be a place where their children could be safe, have fun, and build relationships with peers and teachers. In the end, the program ended up being a source of trauma for children, causing new harm or re-traumatizing them.

Impact of Expulsion on Caregivers. The expulsion event was traumatizing for caregivers as well as their children. Participants described how the expulsion was traumatizing to them and used words like "betrayed," "distraught," "scared," and "overwhelmed" to describe their experiences. One participant shared, "I felt almost powerless. Defeated, like there was nothing I could do. Really just defeated" (p. 16). Experiencing expulsion had long term-ramifications on caregivers, particularly for their trust in education systems. One participant said the expulsion event had given her a "really, really big mistrust of educational settings" (p. 2) and that she still experiences stress when her child is at school. Notably, participants who were involved in the child welfare system described the extreme impact that expulsion had on them, with one foster caregiver sharing:

> I remember feeling like maybe I can't do this. I thought I could be a mom for special needs kids. But I can't have childcare or have a break, I can't do this. Do I need to call and say I need to give one of them back? I can't do this without childcare. It was so stressful. (p. 25)

These participants were relying on ECE programs to be a place of support and community, and the experiencing expulsion broke that promise.

Other participants described the reactions they had to events leading up to the expulsion and how they invoked a trauma response from them. Particularly, caregivers focused on the repeated negative phone calls they received from ECE programs about their child's behavior or requesting they get picked up early. One participant shared, "It was very traumatizing, just because every time my phone rang or every time the school called it was that gut wrench reaction like, oh my gosh, what happened now?" (P11). Another participant, whose son has a disability and was expelled from his childcare after being told they couldn't support him, said:

> I also think there is some kind of trauma that comes in when you have this experience. I think Tony's teachers have been lovely people. . .but that doesn't mean that I feel comfortable with them . . . It has impacted how we think of his schooling. . .. It's a sad outcome (p. 20).

Finally, participants described wondering if ECE programs and professionals recognized that these practices were harmful, as they often felt like they weren't being seen or supported. One participant, whose grandson was temporarily in her care, was expelled from preschool and

was given no help finding a new program. She described the difficulties the expulsion had on her family and her grandson, saying "Those are the impacts that nobody sees. Like the childcare center didn't see that. They didn't worry about what anybody's mental health would be after that. Not the child's, not the family's" (p. 8). Another participant described the experience of attending a meeting with the school professionals shortly before her son with a disability was expelled from kindergarten. She shared "It was very clear at that meeting that it was like nobody was on our side. . .we had no clue really legally what we were doing, and everybody else, it was very clear that it was them versus us" (p. 15). This mentality was felt by other participants, but described as "me against the world." Often, these participants were attempting to work with the ECE programs to keep their child enrolled, and in return felt like there was no one on their side to help them.

Overall, participants thought enrolling their child in an ECE program meant they would be welcomed and supported. Oftentimes, this was participants' first experience with formal education and care systems. Instead of playing the role of supporter, the ECE programs were a source of stress and trauma for caregivers.

Systemic Issues Causing Trauma

In addition to ECE programs themselves causing trauma, systemic issues also contributed to the harm of children and families. This was apparent in two ways: (a) caregiver difficulties navigating multiple systems (e.g., special education, early childhood education, child welfare), and (b) racism and ableism in ECE settings. This theme aligns with the *recognize*, *respond*, and *resist retraumatization* components of SAMHSA's framework of TIC; the systems failed to realize the widespread impact of trauma and the policies in place were not trauma-informed, which then contributed to the re-traumatizing of children and caregivers.

Navigating Multiple Systems. During interviews, caregivers described having to navigate multiple systems in order to find support for their child, including the education and care system and the medical system. This was particularly true for children with disabilities or developmental delays; their caregivers often felt like neither system (i.e., education system and medical system) was fully supporting them and their child. One participant shared the experience of reaching out to her child care provider for help with her child's behavior. She detailed the conversation, saying:

> She just said, "Talk to your doctor." But then the doctor really had very little to do too, very little guidance except for getting him evaluated. I qualified, we did get him evaluated, but he didn't qualify for any special assistance (p. 14).

After reaching out to individuals in both the education and medical system, this participant received no support and was confused on who to turn to next. Her son ended up being expelled from the program a few weeks later, leaving her feeling defeated and unsure how to proceed. Another participant, who shared that her daughter had previously experienced trauma and had been expelled from her child care center, described the experience of getting her daughter evaluated for her local public preschool program. The participant shared:

> The speech therapist had no idea what to do because my daughter goes into full fight or
>
> flight mode and hides under a table. So she's hiding under the table and the speech therapist is like, "I don't know how to do the evaluation." (p. 1).

This pattern of being told their child needed additional support, reaching out to multiple people and following the "correct" procedures, yet still receiving no tangible help was common among participants. Furthermore, when participants tried to access support, they often were faced with long wait lists, insufficient staffing, or they did not receive the diagnosis they needed in order to access additional services for their child. One participant described the experience of being told by her ECE program that she needed to get her daughter evaluated after some bouts of challenging behavior because the program did not have the ability to do it themselves. She shared "I tried pretty early on to figure out what was going on with her, so we made an appointment to get her evaluated but that took like 5 months. So it was a horrible experience" (p. 26). This delay in evaluation led to further issues for her daughter, with the school saying they did not have the means to support her. Before she could be formally evaluated, her daughter was expelled. Other participants had similar experiences, with one sharing "I was struggling. I couldn't get help on the outside. I was trying to get the school to help me" (p. 19).

After both systems had failed participants and they were left with little support, some were given ultimatums from their ECE program. Frequently, this included requiring that caregivers pay out of pocket for an aide to stay with their child. One participant recalled this experience, saying "who can afford that? Who can afford to pay out-of-pocket for a full-time aide, in addition to exorbitant day care prices? I'm a single parent. That's not in my budget" (p. 18). When their children were finally expelled, participants were left on their own to find a new ECE program. This was often stressful, especially since they were more weary of ECE programs post-expulsion. One participant described the difficulties, saying "Everything was on me to figure out how to do it, what to do next, where I would take her . . . When you're trying to work and you're getting called to go

and get your kid, it's hard" (p. 5). Many caregivers relied on friends or family while they scrambled to find care, often settling for a less than ideal ECE program.

Overall, participants had difficulties navigating the multiple systems that supported their child. Afterwards, the expulsion event left participants in a vulnerable place, struggling to find care for their child. The difficulties understanding and accessing high-quality ECE programs compounded the stress participants were already experiencing.

Ableism and Racism. For caregivers and children from marginalized backgrounds, the influences of ableism and racism contributed to the expulsion event, resulting in trauma for children and caregivers. This was especially seen when ECE programs were not inclusive, resulting in a lack of ability or willingness to support children with disabilities. One participant expressed her frustration with the lack of skills among the ECE professionals. She observed, "I just couldn't believe all the stuff that I have to suggest. . ... You've had kids with Down syndrome in this school before. All the things I'm suggesting are not revolutionary" (p. 10). Additionally, some children were expelled specifically because of their disability status. One participant was told her son with Down syndrome could not return to his ECE program because the classroom aide was leaving, and they could not accommodate his needs without the aide. When asked how the situation deteriorated prior to the expulsion, the participant stated, "There was really no deterioration. It was a door closing" (p. 10).

Another participant (p. 16) described the process of finding a child care center for her daughter with a disability that would make accommodations for her. She described being upfront about her daughter's feeding challenges and need to be monitored, as she mouthed inedible items and would vomit afterwards, and was assured by the program that this wouldn't be a problem. However, the child care center ended up calling her on her daughter's first day to pick her up early, claiming she was ill, after she had vomited after ingesting a non food item. This pattern continued until she decided to pull her daughter and start the process over. She shared "I didn't see that I would ever find a place that was going to be able to care for her. Or that I wouldn't be able to accomplish my own goals when her needs aren't being met" (p. 16).

While there were only two Black children represented in this study, their caregivers described incidents of racism that contributed to their expulsion. One caregiver described feeling that her children were treated differently because they were Black. She noticed other children behaving similarly to hers, but they were not receiving the same level of discipline or getting expelled. She shared, "To me, I felt like I had watched other children who were not Brown misbehaving or screaming at their teachers, "No, shut up!" And they would just be like, "Okay, little Johnny, I'm going to call your mom" (p. 9). Overall, ableism and racism influenced ECE professionals' ability to support children with disabilities and children of color. This, in turn, led to the expulsion of these children from their ECE program.

Discussion

This study highlights the ways in which early childhood expulsion harms children and caregivers by causing trauma or re-traumatizing those who had already experienced trauma. Children from marginalized backgrounds, including children of color, children with disabilities, and children involved in the child welfare system were especially impacted by the expulsion. These findings point to key implications related to research, practice, and policy.

ECE Programs Lay the Foundation for Children and Families

For children and families, their first experience with formal education settings is in early childhood. Therefore, these programs need to ensure a positive experience for children and families to help set up success in future schooling (Derman-Sparks et al., 2020; C. O'Grady & Ostrosky, 2021). Unfortunately, caregivers in this study described having the opposite experience with ECE programs. This negative experience, culminating with expulsion, led to a distrust of educators, education settings, and sometimes the education system as whole either causing trauma to or re-traumatizing children and their families. This is similar to the findings of Zulauf-McCurdy and Zinsser (2022), who also identified strained teacher-caregiver relationships as an outcome of expulsion. This underscores the need for pre-service and in-service ECE professional development to include both information about the impact of expulsion on children and families, as well as providing ECE professionals with the skills needed to support children instead of expelling them. Specifically, preparation around supporting children with challenging behavior is needed, as noted by previous research (Doubet et al., 2023; O'Grady & Ostrosky, 2023). This is needed for professionals in all ECE settings, including child care and preschool providers. Additionally, future research can include learning from caregivers impacted by expulsion about what can be done to help them heal from the trauma caused by expulsion.

Supporting Marginalized Children and Their Caregivers

The majority of children that were expelled in this study were of marginalized backgrounds, particularly children with disabilities and children involved in child welfare. These children and families were often navigating multiple systems, with none of them providing the support they needed. High-quality early childhood education has been

shown to improve outcomes for both children with disabilities and children involved in child welfare (Green et al., 2014; Kovan et al., 2014; Merritt et al., 2015; Shonkoff & Phillips, 2000). Despite this importance, caregivers in this study felt like their child's ECE program was unable to properly and sufficiently support them and were unable to appropriately respond to the trauma they and/or their child had experienced. This, in turn, led to issues for caregivers, who felt like they and their child were not receiving the proper support. This highlights the need for interdisciplinary research (e.g., early childhood and early childhood special education, child welfare and early childhood special education) to determine how best to support diverse groups of children and their families.

The Need for Trauma-Informed Care for Children and Caregivers

The findings from this study suggest that ECE professionals may not understand the impacts of trauma on children and families and how to support children after they have experienced trauma, highlighting the need for trauma-informed care in ECE settings. In fact, when caregivers did discuss trauma-informed care, it was usually they themselves using a tenet of trauma-informed care, not the ECE professionals (i.e., the caregiver recognized a child's behavior was due to trauma, but the ECE professional did not). Previous research has come to similar conclusions, including the need for additional preparation in the areas of understanding behavior stemming from trauma and implementing trauma-informed care in early childhood settings (Chudzik, Corr, & Fisher, 2023; Loomis & Felt, 2021). This is especially important when it comes to preventing expulsion, as holding trauma-informed attitudes has been shown to decrease risk of expulsion decisions in early childhood settings (Loomis & Panlilio, 2022). Future research can continue to explore best practices for preparing ECE professionals to implement trauma-informed care. Additionally, critiques of trauma-informed care suggest it being race-evasive and perpetuating further inequities for marginalized children and families. Therefore, is imperative that ECE professionals are receiving training on trauma-informed care that also discusses and prioritizes equity (Alvarez, 2020; Palma et al., 2023; Venet, 2021)

Limitations

This study is not without its limitations. First, the participants in this study lived in different parts of the United States. These states have different policies related to expulsion which may have impacted participant experiences. Additionally, despite the attempt to recruit a variety of participants through multiple sampling methods (e.g., social media posts, snowball sampling, convenience sampling) the

majority of children represented in this study were White. This is a limitation of the data due to the disproportionate impact of early childhood expulsion on children of color (U.S. Department of Education, Office for Civil Rights, 2014). Future research is needed, perhaps with different recruitment strategies, to center children and families from marginalized backgrounds who may have faced unique barriers and issues related to expulsion. Despite these limitations, this study provides valuable insights about the impact of early childhood expulsion on children and families.

Conclusion

This study explored the impact that early childhood expulsion has on children caregivers through a trauma-informed lens. The findings from this study connect how early childhood expulsion negatively impacts children and caregivers. In our analysis, similar to previous research (Zeng et al., 2021), children with disabilities and children who had previously experienced trauma were especially impacted by expulsion practices. These findings indicate a need for early childhood programs to seriously consider how punitive practices, such as expulsion, can negatively impact children and families. If early childhood settings are truly family centered, early childhood professionals will have to grapple with how practices cause harm to children and families.

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