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A SCOPING REVIEW OF TRAUMA-INFORMED EARLY LEARNING AND CHILD CARE IN CANADA: A CRITICAL ANALYSIS

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Abstract: Among child care policymakers, government officials, and providers alike, there is growing interest in mitigating the impacts of adversity and trauma in children's early years. While emerging literature examines the prevalence and impacts of traumatic events on the lives of children and families, a focus on trauma-informed approaches within the early learning and child care sector remains nascent. This scoping review examines the current state of knowledge in peer-reviewed and grey literature on trauma-informed approaches in the early learning and child care sector in Canada. Critical analysis of the findings highlights a concerning gap in the empirical evidence on trauma-informed approaches, obscure and individualistic understandings of trauma, and considerable variance in how trauma-informed approaches are implemented. We call for explicit shifts toward understanding trauma as inclusive of interpersonal and structural forms of trauma and violence and a broader scope of "trauma- and violence-informed child care" (TVICC).

Keywords: early childhood education, trauma- and violence-informed care, cultural safety, structural violence, adverse childhood experiences, decolonial analysis

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In Canada, the prevalence of trauma during the critical period of early childhood is estimated at 32.1% — a figure that has been noted to be an underestimation as it recognizes only "child maltreatment" as a source of trauma, and ignores the myriad other ways in which children experience trauma (England-Mason et al., 2018). Internationally, there is increasing attention on the multifaceted impacts early trauma experiences can have across the life course (Dym Bartlett et al., 2017; Cabanis et al., 2021; Dye, 2018). A catalyst for this growing discourse was a landmark study in the 1990s in the United States, which described 10 adverse childhood experiences (ACEs), grouped as "household dysfunction" (parental mental illness, incarceration, substance dependence, domestic violence, high conflict divorce), "maltreatment" (physical, emotional, or sexual abuse) and "neglect" (physical or emotional), that correlated with poorer physical and mental health outcomes (Felitti et al., 1998). While biological evidence suggests that ACEs can "get under the skin" with potential poor health outcomes across the lifespan (Jenkins & Robinson, 2022; Thompson & Haskins, 2014), early childhood experiences of adversity do not inevitably lead to poor health outcomes, as children's responses to trauma and their resources to cope with trauma can vary widely (Center on the Developing Child at Harvard University, 2016).

Much of the research emanating from the original ACEs study (Felitti et al., 1998) tends to view trauma as largely resulting from psychological impacts of intrafamilial dysfunctional experiences, such as abuse, violence, and family dissolution (Kelly-Irving & Delpierre, 2019; White & Wastell, 2017). Such individualistic understandings of trauma obscure how young children can experience trauma as a consequence of broader structural and social factors, such as racism and socioeconomic marginalization, that are often beyond families' immediate environment and control (Kelly-Irving & Delpierre, 2019; White & Wastell, 2017). Moreover, critiques of ACEs — including the frequent reliance on data from White, middle- to upper-middle-class participants, and a sole focus on experiences within the home — have resulted in calls to broaden the concept of adversity (and relatedly, the concept of trauma) to be inclusive of exposure to interpersonal or community violence, extreme poverty, and other traumatic events stemming from structural conditions (Cronholm et al., 2015; Finkelhor et al., 2015).

Nonetheless the ACEs discourse has generated growing interest in the Western world in mitigating the impacts of early adversity and trauma in the preschool years and a proliferation of trauma-informed approaches in all sectors and settings that serve children and families (Atkinson, 2013; Poole et al., 2017; SAMHSA's Trauma and Justice Strategic Initiative, 2014). Distinct from trauma-specific therapeutic services, a trauma-informed approach:

> **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively **resist re-traumatization**. (SAMHSA's Trauma and Justice Strategic Initiative, 2014, p. 9)

Much of the research and social policy guidance on a trauma-informed approach in the early learning and child care (ELCC) sector has originated from outside the Canadian context, with work being undertaken in the United States (Dym Bartlett, 2021; Dym Bartlett & Smith, 2019; Fredrickson, 2019; United Way of Central Carolinas, 2019), the United Kingdom (Asmussen et al., 2022), and Australia (Atkinson, 2013). While important for driving broad empirical knowledge, this body of work does not support contextually relevant understandings of the structural and social realities of children's early life experiences in relation to adversity and trauma; nor does it provide a perspective on the state of trauma-informed approaches within the ELCC landscape in Canada. In response, this scoping review examines the current state of knowledge in peer-reviewed and grey literature on trauma-informed approaches in the ELCC sector in Canada. The aim of the review was to address the following research question: How are trauma-informed approaches being conceptualized and implemented in ELCC settings in Canada?

Method

This scoping review follows Arksey and O'Malley's (2005) methodological framework, which comprises five stages as outlined below. It also integrates guidance from Levac et al. (2010) to inform an iterative approach to the selection of references, analysis of data, and consideration of findings for future practice, policy, and research.

Identifying Relevant Literature

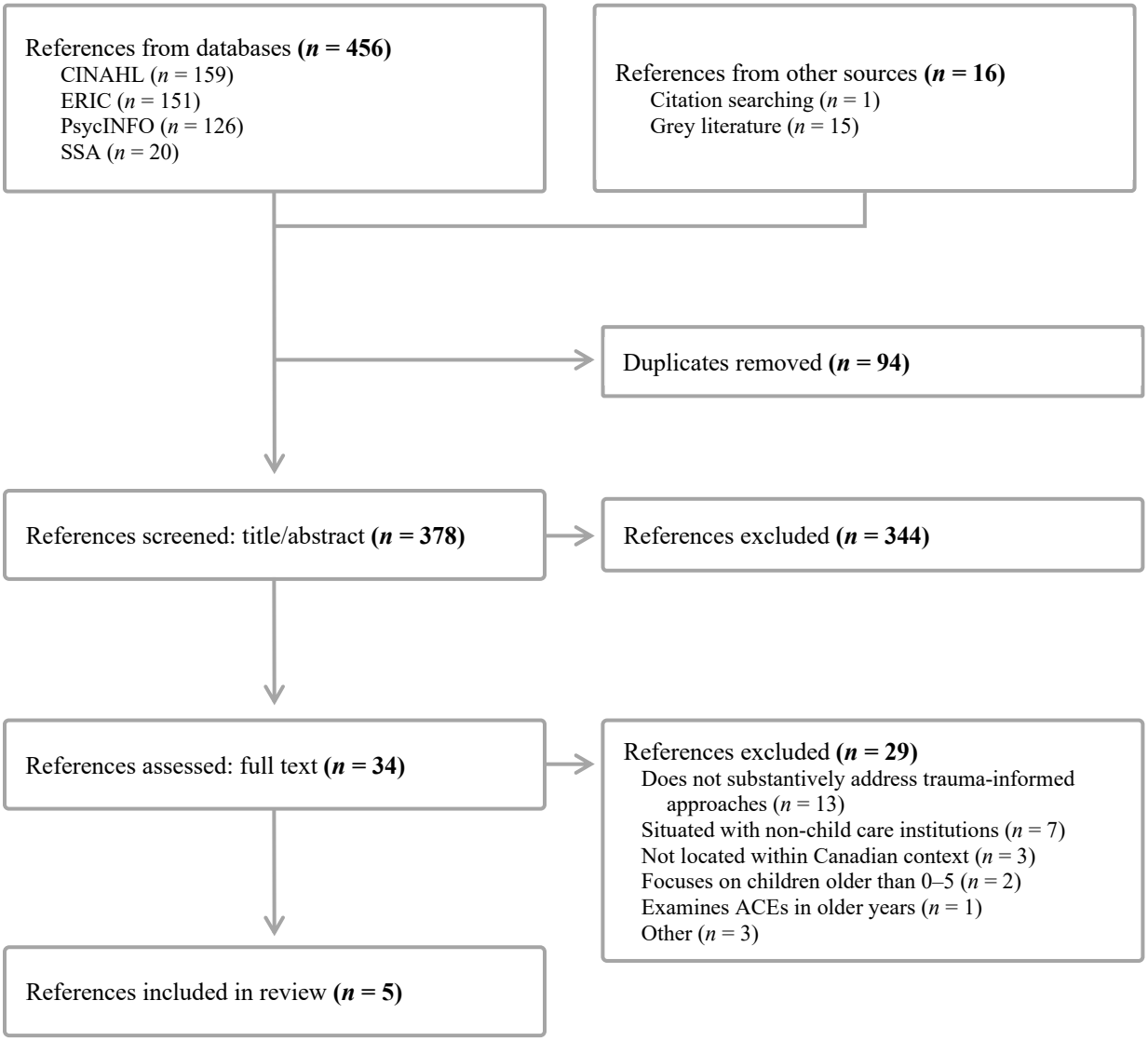
As recommended by Arksey and O'Malley (2005), the research team consulted a university research librarian to assist with selecting appropriate databases and developing a comprehensive search strategy. Four electronic databases were identified for the search of the academic literature: CINAHL, Education Resources Information Center (ERIC), PsychINFO, and Social Sciences Abstract. The search strategy focused on the central *concept* of trauma-informed approaches, the *context* of child care in Canada, and the *population* of young children. Tables A1 to A4 in the Appendix present the detailed search strategies used within the four databases. The search strategies were developed to support as much breadth as possible in the use of differing terminology in conceptualizing trauma-informed approaches, including approaches within Indigenous child care communities that aim to respond to trauma through a decolonial lens. However, to ensure the feasibility of the study given available resources (Levac et al., 2010), the concept term "trauma" was not searched alone, as this led to a vast number of results within each database. All academic articles published in English up to March 10, 2023 were included in the search.

In addition to searching each database for academic literature, a search of grey literature was conducted via Google search with guidance from the research librarian. To ensure that the search did not exceed Google's 30-word limit, the following keyword combination was used, combining ***concept***, ***context***, and ***population*** adapted from the database search: *("trauma-informed" OR "trauma and violence informed" OR TVIC) AND ("early childhood" OR preschool OR "day care"*

OR "child care") AND (child OR infant OR toddler) AND (Canada). The first 150 results were screened by author AS to exclude advertisements, media articles, and job postings.

As summarized in Figure 1, the database search of academic literature yielded a total of 456 references. Grey literature searching yielded 15 references. After removal of 94 duplicates from across the four databases, 378 references were collected for screening, including one reference that was later identified through hand-searching the citations of the five references that were ultimately included in the review.

Figure 1. *PRISMA Diagram of Included References*



Note. For information on Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) flow diagrams, see https://www.prisma-statement.org/

Screening References for Relevant Literature

To identify relevant literature related to trauma-informed approaches within the Canadian ELCC sector among the 378 references, we developed and applied inclusion/exclusion criteria (see Table 1) in an iterative process involving frequent conversations among the research team and refinement of the criteria throughout the screening process (Levac et al., 2010).

Table 1. *Inclusion and Exclusion Criteria for Screening*

Inclusion criteria	Exclusion criteria
Situated within the Canadian context: collecting data within Canada, written by Canadian authors, or discussing trauma-informed approaches within the context of child care locally, provincially, or nationally	Situated within another national context outside Canada, or not specific to the Canadian context
Substantively addresses a trauma-informed approach (i.e., beyond a single mention)	Only minimally addresses a trauma-informed approach, or only discusses adjacent constructs (e.g., childhood trauma)
Locates discussion or inquiry into trauma-informed approaches within the child care context (e.g., daycare, preschool)	Locates discussion or inquiry outside of early childhood education (e.g., within a parenting context, in relation to other institutions such as psychiatric services, child apprehension, etc.)
	Examines trauma-informed approaches among older, school-aged children K–12
	Examines impacts of trauma or adverse childhood experiences (ACEs) on adult health and social outcomes
English language	Not English language
Full-length peer-reviewed articles, documents, and other texts	Conference abstracts, book reviews, and other texts that did not provide sufficient information for analysis

To screen references for potential inclusion in the review, all records were input into the review management software program Covidence[1]. Guided by Arksey and O'Malley (2005), the titles and abstracts for all references were screened by one author (AS or MM). Any references that were complex or could not be confidently screened were discussed among all authors to review, refine inclusion/exclusion criteria, and reach a final consensus. Title and abstract screening resulted in 34 references being advanced to two-person full-text screening, completed by authors AS and MM. Similarly, all instances in which the two authors conducting the full-text screening disagreed on inclusion/exclusion were discussed among all authors to decide both on inclusion/exclusion of the reference and identify the most appropriate reason for exclusion. Reasons for exclusion are listed in Figure 1.

[1] See https://www.covidence.org/

Data Charting

The screening process resulted in a total of five references for inclusion in this scoping review, including one article identified through academic databases, three references identified through searching the grey literature, and one master's thesis. Following identification of included articles, the authors undertook a charting process wherein we identified relevant "key issues and themes" and extracted data from each reference to inform analysis (Arksey & O'Malley, 2005, p. 15). To facilitate accurate and relevant analysis, direct quotations from the articles were captured wherever possible.

A Critical Decolonial Analysis of Trauma

Following data charting, we undertook a critical decolonial analysis of all included references. Decolonial analysis considers perspectives and knowledges that exist in a peripheral relationship with — and as a critique of — epistemologies generated by the Global North, which assume a universal and exclusive claim to knowledge (Mignolo & Walsh, 2018). Grounded in the writings of scholars and activists from the Global South, as well as Indigenous peoples of settler-colonial societies like Canada, decolonial theorizing builds on Indigenous knowledges to critically analyze and displace normative rationality from taking central space in knowledge production (Fosu, 2024; Quijano, 2007). Emphasizing pluriversalities that acknowledge multiple ways of knowing, decolonial perspectives are transdisciplinary and intersectional in nature, eschewing disciplinary silos that modern epistemology from the Global North have built (Jivraj et al., 2020). Using a decolonial critical analysis framework within this review thus allowed the possibility of understanding trauma in multiple and complex ways, including recognizing that trauma can result from ongoing and intergenerational forms of structural violence. Furthermore, this analytic framework attuned analysis to the importance of paying attention to the power relationships that circumscribe individual's relationships to their environment (Fanon, 2008).

To analyze data through this critical lens, all members of the research team drew on the charted data (Table 2) and full text of each included reference to inform engaged, collaborative, discussions relating to how trauma and trauma-informed approaches are conceptualized and implemented within the Canadian context. The critical analysis of included references aimed to examine how trauma-informed approaches are framed in relation to oppressive social structures, and thus explore current gaps in, and future possibilities for, integrating trauma- and violence-informed approaches into child care settings.

Findings

Characteristics of the Literature

In Table 2, we summarize the ways in which the five included references present the definition of trauma, sources of trauma, and approaches to address trauma.

Table 2. *Charted Data From Included References (N=5)*

Author(s), Year, Title	Type of reference	Context	Population	Definition of trauma	Sources of trauma	Term used	Definition of trauma-informed approaches
Davies, 2023 Building resilience: Constructing ECE knowledge of trauma-informed practice in early learning settings	Grey literature	Ontario	"infants and young children who have experienced trauma" (para. 2)	Not clearly defined	"pandemics, accidents, maltreatment, abuse, poverty, racism, illness, intergenerational trauma, war, community violence and relational trauma" (para. 2); "Anti-Black racism and multi-generational trauma" (para. 3)	Trauma-informed (practice/ lens/ training/ curriculum)	"apply deeper knowledge of such topics as brain development, attachment, stress and regulation; recognize the impact of Anti-Black racism and multi-generational trauma; work more effectively with children and families affected by trauma; and practice self-care" (para. 3)
Khodarahmi, 2019 Educators of young children and knowledge of trauma-informed practice	Master's thesis (empirical)	British Columbia	"trauma-exposed children" with particular focus on refugees	"exposed to an event that could have caused them [children] or someone else to be killed or badly hurt" (p. 4)	"sexual or physical abuse, disasters such as floods, school shootings, car crashes, fires, or other violent crimes... war, a friend's suicide, or seeing violence in the area they live" (p. 4)	Trauma-informed practice (TIP)	"a strengths-based framework that is responsive to the impact of trauma, emphasising safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment" (p. 3)

Author(s), Year, Title	Type of reference	Context	Population	Definition of trauma	Sources of trauma	Term used	Definition of trauma-informed approaches
Lalonde, Tabibi, & Baker, 2020 Trauma- and violence-informed approaches: Supporting children exposed to intimate partner violence	Grey literature	Ontario	Children exposed to intimate partner violence	Not clearly defined	Identifies intimate partner violence as a primary source of trauma; "Structural violence (e.g. colonialism, ableism, cisnormativity, heteronormativity, racism, xenophobia) and intergenerational trauma compound the impacts of exposure to IPV." (p. 2); "Children living with IPV may also be exposed to further adversities (e.g. poverty and homelessness, destruction of property, abuse of their companion animals, physical and sexual abuse)."	Trauma- and violence-informed (TVI)	"TVI approaches 'bring attention to: broader social conditions impacting people's health; ongoing violence, including institutional violence; discrimination and harmful approaches embedded in the ways systems and people know and do things; the need to shift services to enhance safety & trust' (Varcoe, Wathen, Ford-Gilboe, Smye, & Browne, 2016)." (p. 1)

Author(s), Year, Title	Type of reference	Context	Population	Definition of trauma	Sources of trauma	Term used	Definition of trauma-informed approaches
Poole, Talbot, & Nathoo, 2017 Healing families, helping systems: A trauma-informed practice guide for working with children, youth and families	Grey literature	British Columbia	"children, youth and families"; "individuals who have experienced trauma" (p. 3)	"Trauma has been described as having three aspects: exposure to harmful and/or overwhelming event(s) or circumstances, the experience of these event(s) which will vary from individual to individual, and effects which may be adverse and long-lasting in nature." (p. 4)	Early traumatic stress (e.g., neglect, abuse, witnessing violence or death, etc.); Developmental trauma (e.g., related to prenatal and birth experiences); System-induced trauma (e.g., youth incarceration, foster care); Historical and intergenerational trauma: "related to colonization (past and present)" (p. 4)	Trauma-informed practice	"Trauma-informed practice means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and interagency work. Trauma-informed services take into account an understanding of the prevalence and effects of trauma in all aspects of service delivery, and place priority on the individual's sense of safety, choice, empowerment and connection. In interactions with children and families, trauma-informed practice is about the way of being in the relationship, more than a specific treatment strategy or method." (p. 10)
Rousseau, Measham, & Nadeau, 2012 Addressing trauma in collaborative mental health care for refugee children	Peer-reviewed article (empirical)	Quebec	"traumatized refugee children"	Not clearly defined	"direct" and "transgenerational" forms of trauma associated with the refugee experience, due to "extreme human-perpetrated harm"	addressing trauma	Not clearly defined

How is Trauma Being Conceptualized?

In seeking to understand the implementation of trauma-informed approaches in the ELCC sector in Canada, it is important to first understand how trauma is conceptualized in the extant literature. We found that the dominant and pervasive Eurocentric definition of trauma, as assumed in ACEs narratives, was evidenced in the articles through clear connections drawn between children's early experiences of trauma and notions of trauma as individual pathology. For example, Davies (2023) noted that "early exposure to toxic stress can alter brain development and have long term consequences for learning, well-being and health" (para. 2). Similarly, Khodarahmi (2019) stated, "If exposed to chronic stress, the brain's physiology can alter to an irreparable state, placing children at high risk not only for poor physical and mental health, but poor outcomes in academics and life achievements" (p. 1).

In writing about children in refugee camps, the literature informing Khodarahmi's (2019) thesis cites the original ACEs study and conveys an individualistic view of trauma in relation to children with "attachment problems" and "maladaptive behaviors". In contrast, Rousseau et al.'s (2013) peer-reviewed article acknowledges the limitations of a "Western model of trauma" (p. 122) in understanding children's experiences as refugees. Yet while the authors suggested that such "Western" framings of a "traumatic story" may "conjure up visions of a helpless victim" (p. 127) that are incongruent with families' own understandings of their experiences of trauma, they did not clearly define or critique this "Western model". More importantly, they did not articulate alternative framings of trauma that would decenter normative viewpoints — a consistent trend throughout the included references.

Several included references, however, do recognize how trauma can result from social relations of power that are part of families' everyday realities, that are at times intergenerational and beyond their immediate control. This includes Indigenous families' experiences of intergenerational trauma, described in the BC Ministry of Children & Family Development (MCFD) guide (Poole et al., 2017) as stemming from "colonization (past and present)" (p. 4). Other authors considered structural contributors to trauma, including trauma among "refugee children" who had directly or intergenerationally experienced "extreme human-perpetrated harm" (Rousseau et al., 2013, p. 122), and trauma among families in Canada who experienced "Anti-Black racism and multi-generational trauma" (Davies, 2023, para. 3).

The interplay between structural and interpersonal forms of violence and trauma is further explicated in the article by Lalonde et al. (2020). These authors take up a critical, intersectional lens that "recognizes the diversity of experiences that children exposed to IPV [intimate partner violence] can have" (p. 1), and present nuanced understandings of how children's experiences of IPV and its impacts on them are shaped by broader structural factors including "colonialism, ableism, cisnormativity, heteronormativity, racism, and xenophobia" (p. 2). The authors further reflect on how the effects of childhood exposure to IPV can cumulate and contribute to further structural marginalization across the lifespan, such as "poverty and homelessness" (p. 2).

In sum, the included references do not consistently offer a clear definition of trauma, and there is considerable variance in how trauma is understood. The majority define trauma as a singular, defined event that leads to pathology, with only one article fully conceptualizing trauma as inherently situated in structural violence and inequities. The following section explores how the conceptualization of trauma-informed approaches within ELCC settings was shaped by how trauma was understood in the included references.

How Are Trauma-Informed Approaches Being Conceptualized?

Across the included references, their various articulations of trauma in the lives of young children (as outlined in Table 2) and their conceptualizations of trauma-informed approaches are mostly limited to strengthening the interpersonal relationships between early childhood educators (ECEs) and individual children who have experienced trauma (Davies, 2023; Khodarahmi, 2019; Poole et al., 2017). For example, Khodarahmi (2019) defined "trauma-informed practice" (TIP) as a "strengths-based framework" that responds to trauma and its impacts on children by "emphasizing safety" and supporting children to "rebuild a sense of control and empowerment" (p. 3). This definition situates TIP as a largely interpersonal practice that aims predominantly to strengthen the relationship between service providers and children, without recognizing or addressing the structural constraints that can produce unsafe environments. This framing is similarly echoed in Davies' (2023) characterization of TIP as supporting ECEs to "work more effectively with children and families affected by trauma; and practice self-care" (para. 3). While Davies acknowledged broader societal sources of trauma, including "anti-Black racism and multi-generational trauma", the author predominantly situated TIP as supporting child care providers in understanding the impacts of trauma on children, including "stress and regulation" challenges, without meaningful analysis on how to affect changes to systemic racism or other structural contributors to trauma within or beyond ELCC settings.

Further illustrating how TIP is positioned as an interpersonal approach wherein individual providers support individual children, Davies (2023) constructed TIP as advancing the overarching aim of "building resilience" by enhancing the capacity of ECEs to respond to children who have experienced trauma. Trauma interventions that focus on strengthening individual child–educator relationships overlook the importance of examining and shifting exclusionary structural and taken-for-granted practices such as those that may occur within the ELCC setting as part and parcel of addressing trauma. Moreover, the framing of trauma as primarily a mental health issue in Rousseau et al.'s (2012) case studies of ECEs' practices raises questions about whether ECEs might be able to see a role for themselves in addressing the mental health issues that can accompany trauma, or whether such framing may encourage a tendency to default to "outsourcing" such responsibilities to mental health services to intervene in the lives of individual young children experiencing trauma.

In contrast to the pervasive individualistic and interpersonal framing of a trauma-informed approach or TIP in the reviewed manuscripts, two of the included references situated this approach

at the organizational and systems levels. Poole et al.'s (2017) document, which was prepared for the British Columbia Ministry of Children & Family Development (BC MCFD), emphasizes the importance of understanding and integrating TIP "into all levels of care, system engagement, workforce development, agency policy …" (p. 10), and consistently utilizes the language of "trauma-informed services" to advance a systemic or institutionalized, rather than individualized, approach toward TIP. The report notes that TIP must be integrated across "all aspects of service delivery" to "create an environment where the potential for further traumatization … is mitigated" (p. 10), preventing (re)traumatization by ensuring safe environments for all children and families. In defining TIP, the BC MCFD document included s both a "universal" systemic approach and "trauma-specific" services; the latter included direct interventions (by care workers) and treatment (by mental health professionals) for individuals and families who have experienced trauma. However, the BC MCFD document does not fully integrate their systems-level approach to TIP with an understanding of structural violence, and makes no mention of poverty or racism, for example, as sources of trauma.

Lalonde and colleagues (2020) echoed Poole et al.'s (2017) BC MCFD guide in calling for embedding "safety and trust" across services, noting that "additional efforts" (p. 5) beyond normative child care practices may be needed to restore children and families' sense of safety within social and child care systems. Indeed, this is the only reference that explicates a "trauma- and violence-informed approach", drawing on a definition articulated by Varcoe et al. (2016) that situates trauma- and violence-informed care (TVIC) as a response to "institutional violence; discrimination and harmful approaches embedded in the ways systems and people know and do things" (p. 1). However, because Lalonde et al. (2020) focus on IPV as the primary site of trauma, their definition of trauma-informed care is limited to an analysis of the relationship between children and ECEs and does not include addressing wider structures that cause trauma. Indeed, the notion of "restoring" a sense of safety by Lalonde et al. (2020) implies that TVIC is necessarily utilized only after trauma has occurred — in direct contradiction to a conceptualization of trauma that encompasses ongoing institutional and structural violence. Many children and families experience structural violence as continuous in their lives, with TVIC offering a concurrent response to the underlying inequitable conditions that produce trauma.

Perhaps not surprisingly, given the inconsistent understandings of trauma in the literature, the included references demonstrate little consistency in their conceptualizations of trauma-informed approaches. While many references advance an individualistic lens of TIP that emphasizes interpersonal relationships between children and ECEs, others situate trauma-informed approaches at the systems level, calling for "universal" application of such approaches across the ELCC sector to benefit all children and families (Poole et al., 2017).

Additionally, across the five included references, the term "culture" is raised in vague and undefined ways in connection with trauma-informed approaches. The BC MCFD guide (Poole et al., 2017) recognizes *culturicide* (the targeting of Indigenous people's ways of knowing and being) as being at the root of trauma experienced by Indigenous peoples in Canada due to historical and

ongoing colonial violence. Also, according to the guide, a central component of providing trauma-informed services is aligned with the goal of increasing "cultural safety" (p. 10) in programs and services with Indigenous families and children by ensuring "culturally competent" (p. 13) practice and practitioners. The document further addresses the need for ECEs to be "culturally sensitive" (p. 16), including the recommendation to refer Indigenous children and families experiencing trauma to Indigenous resources that enable children to make "cultural connections" (p. 20) as a possible trauma-informed strategy. The document does not provide a definition of these distinct terms or explicitly articulate how notions of "cultural safety" and so forth are interconnected with TIP. Moreover, the abstract references to "culture" and "cultural connections" in the BC MCFD guide (Poole et al., 2017) risk perpetuating a stereotypical view of culture as a set of traditional practices fixed in time with very little relevance to evolving sociopolitical realities — including racism and colonialism — that impact Indigenous families' lives.

Similar to the BC MCFD document, Khodarahmi (2019) stated that "being sensitive to cultural diversity" (p. 12) is a "broad theme" of TIP in the child care setting, and Lalonde et al. (2020) noted that "cultural awareness and sensitivity" are essential aspects of supporting children to feel safe (p. 5). However, neither reference describes how notions of cultural diversity or awareness intersect with broader understandings of what it means to engage in TIP with children and families.

Conversely, the Davies (2023) article directly poses the question, "Why is learning about Anti-Black Racism so essential?", then responds: "… racism and trauma are interconnected. Racism is trauma" (para. 10). In situating racism as trauma, this article recognizes that trauma is structurally rooted; yet the article does not clearly articulate how anti-racism informs a broader conceptualization of TIP. Rousseau et al. (2013) reflected on the sociopolitical nature of trauma and the way that practitioners' relationships with refugee newcomer families "mirrors larger societal processes framing the moral economy of our relation to the 'other'" (p. 128). Further, they articulate practitioners' "alliance building" as a central aspect of working with children and families who have experienced trauma — a framing that does not analyze the complexity of building such an alliance across lines of privilege and oppression.

In sum, notions of "culture", "cultural safety", and so forth are evoked across all included references, yet there is a pervasive lack of conceptual clarity to guide an understanding of these concepts within the ELCC sector. Furthermore, while interconnections between, for example, cultural safety and TIP are implicit across included references, direct articulation of how cultural safety intersects with a trauma-informed approach is absent.

How are Trauma-Informed Approaches Being Implemented?

Each of the references included in this review varies in describing the implementation of trauma-informed approaches. The most explicitly articulated model for TIP that also aligns with a decolonial perspective was presented in the BC MCFD guide (Poole et al., 2017). As discussed above, this includes a focus on implementing trauma-informed approaches at the organizational, policy, and practice levels, including workforce development and "interagency work". In

articulating the implementation and application of TIP at the systems level, the BC MCFD guide articulated a principle-based approach in a way that incorporates building knowledge on the effects of trauma, creating safe spaces, allowing for collaborative practice with children and their families, and treating children and families experiencing trauma as resilient rather than as victims. Lalonde et al. (2020) drew directly on the four principles of TIP outlined by the BC MCFD guide, applying these principles to inform work with children exposed to IPV and explicitly citing the need for organizational and systemic change. As the only reference that takes up trauma- and violence-informed approaches that consider structural violence, Lalonde et al. (2020) emphasized that implementation of such approaches must involve the redressing of power imbalances within social and health service settings.

The remaining three references do not explicitly articulate either core principles or an implementation framework for TIP but rather identify practice-based recommendations for ELCC settings. Davies (2023) offered a variety of recommendations for child care providers such as "don't judge caregiving behaviours", "support the development of attachment relationships" (para. 8), "enhance … coping capacity" (para. 7), and "support the family's overall well-being" (para. 10), though such suggestions predominantly reflect the emphasis on TIP in the context of the ECE–child relationship, as described above. The online learning modules developed by Davies and described within this reference focus on enhancing ECEs' knowledge and practice related to trauma with the aim of "building resilience" in young children in order to mitigate "the impact of trauma". The stated goal of TIP is for ECEs to "work more effectively with children and families affected by trauma" (p. 2), evoking a trauma-specific approach as outlined in the BC MCFD document. Indeed, consistent with its interpersonal orientation in defining TIP, the Davies reference does not expand upon these recommendations with specific strategies for systems-level change. Thus, the learning resource for ECEs described in this reference raises the broader question of why trauma-informed approaches are not considered integral to quality child care and remain an optional "add-on" in terms of professional development.

Rousseau et al.'s (2013) peer-reviewed article situates its exploration of trauma within the collaborative relationship between psychiatric services and ELCC settings and thus focuses predominantly on psychiatric approaches to trauma. Across all included references, Rousseau et al.'s is the one that is most directly situated within normative views of trauma as largely a mental health issue. As such, the implementation of TIP is largely described in the context of psychiatric services and within the purview of mental health practitioners. While this reference does recommend that care providers work in a collaborative fashion with children and their families, it does not consider the intersectional transdisciplinary and structural nature of trauma and portrays the role of an ECE as one of mediation with psychiatric services.

Khodarahmi's (2019) thesis findings identified "effective approaches to support trauma exposed students" as a central theme, likewise echoing a trauma-specific approach. Drawing from interview data, specific approaches within this theme included: ECE intuition and trial and error, communication and support among the child care team, referrals to community services, and

structural supports such as high ratios of workers to children, including increased use of one-to-one workers. While Khodarahmi's findings speak to additional supports and approaches that may be needed for implementing trauma-informed approaches, and outline the ECE participants' perceptions of challenges associated with implementing TIP in their programs, a comprehensive framework is not presented. Rather, the approaches discussed reflect central themes in the ECEs' descriptions of integrating TIP within child care settings for individual children who have experienced trauma.

Across references, implementation of trauma-informed approaches is poorly conceptualized, with the majority not clearly articulating any framework, model, or central principles. The BC MCFD document (Poole et al., 2017) is the only reference that provides any kind of framework for trauma-informed approaches, utilizing a principle-based approach to implementing TIP at the systems level. However, this framework is not grounded in empirical evidence.

Discussion

The findings of this scoping review highlight a concerning gap in empirical evidence on trauma-informed approaches in the Canadian ELCC sector, exacerbated by the absence of conceptual clarity regarding trauma and trauma-informed approaches within this context. This lack of empirical evidence is disturbing, as ELCC settings are ideal sites to meaningfully engage with and be responsive to children in their critical early years, and with their families as well. Despite increasing dialogue in Canada on ACEs and the impacts of "toxic stress" in the early years (Davies, 2023; Toombs et al., 2022), such discourses have yet to translate into published evidence on trauma-informed approaches within early years systems of care, particularly in non-Indigenous literature. Further, and perhaps not surprisingly given that we could only find a small number of references to include, there is a lack of clarity on understandings of trauma and, as a result, considerable variance in how trauma-informed approaches are conceptualized, supported, and implemented. It also remains unclear within the extant literature to what degree and in what ways the organization, design, and delivery of trauma-informed child care differ from mainstream child care services, and whether trauma-informed approaches would benefit both those children who have experienced trauma and those who have not. Nonetheless, there was some consensus among the references on the central principles underlying trauma-informed approaches, including the emphasis on enhancing ECEs' understanding of trauma and its impacts, and the importance of interpersonal relationships between ECEs and children.

Expanding Beyond Individualistic Understandings of Trauma

As evidenced by the findings in this scoping review, how trauma is conceptualized shapes the nature of responsive trauma-informed approaches. Individualistic conceptualizations of childhood trauma experiences — as seen in the Davies (2023) and Khodarami (2019) references, for example — are particularly concerning as they risk (albeit inadvertently) pathologizing and stigmatizing individual children, parents, and population groups such as refugee families. As we discuss later

in this section, such constructions of trauma do not attend to how children's experiences are compounded by and continuous with broader structural forms of trauma and violence. Moreover, taken-for-granted and well-meaning ELCC policies and practices can constitute forms of structural violence when they inadvertently disadvantage, discriminate against, and cause harm for some families while excluding others (Gerlach et al., 2021). We posit that structural understandings of trauma must be integral to ECEs professional development and to ELCC policies and practices if programs are to meaningfully support the implementation of effective trauma-informed approaches.

Importantly, given the settler-colonial context of Canada, the structural violence of historical and enduring forms of state-sanctioned colonialism, otherwise known as cultural genocide or epistemicide, has targeted and continues to target Indigenous families and children. Colonial violence has included banning Indigenous children from speaking their own language, criminalizing pow-wows, and undermining Indigenous values and world views as irrelevant to the functioning of a "modern" society (Moosa-Mitha, 2021). Historical and ongoing settler colonialism, social exclusion, intergenerational poverty, and racialization (Kirmayer et al., 2014; Moosa-Mitha, 2021), as well as over-surveillance by the child welfare system, perpetuate the histories and traumas of removing Indigenous children from their families, home communities, and nations (McKenzie et al., 2016). Refugee newcomers also experience structural and colonial forms of violence before and after arriving in Canada. Global conflicts and violence have led to significant forced displacement, with refugee newcomers experiencing trauma from resettlement, systemic racism, and prejudice within Canada (Moosa-Mitha & Wallace, 2020).

We contend that a decolonial perspective is needed within the ELCC sector to move beyond the limitations of individualistic trauma-informed approaches that tacitly exclude, or lack relevance or benefits for, families and children who experience structural and colonial forms of violence in contemporary Canada. A decolonial analysis — as taken up within this review — aims to politicize what is understood by the term "culture" and understands it to be a historical and ongoing site of violence and trauma perpetrated on the colonized: colonizers have viewed the culture of the colonized as a threat to colonial assimilation and undermined it, viewing it as a culture of the "other" and inferior to European "civilizations" (Kingston, 2015; Moosa-Mitha & Wallace, 2020). Indeed, reaffirmation of one's culture and language has been shown to have a protective effect in mitigating against trauma in children and has been noted to play an important role in developing self-esteem and a sense of belonging in children from traumatized refugee newcomer backgrounds (Gerlach & Varcoe, 2020; Johansen & Varvin, 2019; Lamb, 2020).

However, critical analysis of the findings identified a lack of attention to, and clarity about, the relationship between trauma-informed approaches within the ELCC sector in Canada and references to "culture", "cultural safety", "cultural diversity", "cultural sensitivity", "cultural connections", and so forth (e.g., Poole et al., 2017). Cultural safety and trauma-informed approaches have been identified as fundamental philosophical approaches to systems of care for child populations experiencing structural forms of marginalization and violence (Gerlach &

Varcoe, 2020). We contend that there is a need to critically examine the integration of cultural safety and trauma-informed approaches to advance ELCC systems that are responsive to the priorities and needs of all families who experience interpersonal, structural, or colonial forms of trauma and violence.

Shifting Towards TVICC

Notably, only one reference included in this review incorporated structural violence into constructions of a trauma-informed approach. Drawing on critical scholarship that seeks to move beyond individualistic and pathologizing analyses of trauma (Bond & Craps, 2020) — and in alignment with the reviewed article by Lalonde (2020) — we posit the need for an explicit conceptual shift toward understanding trauma as inclusive of interpersonal and structural forms of violence; consequently, we frame an ELCC response as "trauma- and violence-informed child care" (TVICC).

Expanding beyond a focus of trauma at the level of an individual child and family to include structural violence draws attention to the need to understand and address how systems, organizations, policies, and social factors can create trauma and harm for particular population groups (Browne et al., 2015; Gerlach et al., 2021). While Canadian researchers across disciplines have articulated and widely disseminated conceptualizations of TVIC that have advanced the broader field of research (Varcoe et al., 2016; Wathen et al., 2023), the implementation of this approach has focused predominantly on adult populations in health care settings (Davidson et al., 2022; Levine et al., 2021), health promotion (Darroch et al., 2022), and various social services (Kahan et al., 2020; LaVallie & Yurach, 2022). Within the ELCC sector in Canada, Aboriginal Head Start and Indigenous early years programs have been leaders in advancing decolonial, strengths-based, and restorative approaches (Assembly of First Nations, 2017; Inuit Tapiriit Kanatami et al., 2017), integrating strategies and practices implicitly aligned with a trauma- and violence-informed approach, though not identified as such and thus not captured in this review (Gerlach et al., 2017; Gerlach & Gignac, 2019). As such, there is considerable gap in both the conceptualization and implementation of TVICC as a distinct approach across ELCC settings in Canada.

In line with the reframing of trauma and violence as systemic and structural, TVICC can be understood as a decolonial approach that responds to ongoing and intergenerational trauma experienced by children and families living in Canada, including Indigenous peoples and other structurally marginalized communities, such as refugee newcomers and families living in poverty. A TVICC approach includes the provision of wraparound, socially responsive programming that explicitly focuses on actively fostering child and family healing and well-being (Gerlach & Gignac, 2019). Moreover, TVICC does not place the sole responsibility for change at the level of individual children or families, or at the interpersonal level between ECEs and children and families (Gerlach et al., 2021). Rather, TVICC focuses responsibility on organizations and staff to investigate how their systems, policies, and practices can evolve to avoid being a source of further

trauma and to be inclusive of and responsive to individuals' historical and ongoing experiences of interpersonal and structural forms of trauma and violence (Gerlach et al., 2021).This conceptualization of TVICC is consistent with and extends from a decolonial understanding of trauma that situates structural forms of violence as practices of coloniality that treat the "other" as less than human and are experienced as traumatic (Moosa-Mitha, 2021). Responding to a decolonial conceptualization of trauma as rooted in systemic violence, interventions addressing trauma must target exclusionary practices and structures that engender trauma, while also paying attention to the psychological effects that exclusionary (traumatic) practices have on children and families' lives. Given the considerable gaps in research evidence illuminated by this scoping review, research inquiry on advancing a decolonial approach to TVICC is a priority for the ELCC sector in Canada. In particular, it is essential to encourage empirical examination of the implications and potential benefits of ELCC programs that integrate the principles of cultural safety and TVICC.

Limitations

One limitation of this review is that only four databases were searched, which may have inadvertently excluded relevant references. Additionally, keyword searching of peer-reviewed literature included only the title and abstract and, as such, articles with discussion of trauma-informed approaches that was only in the full text would not have been captured. Also, as noted above, Indigenous communities in Canada have long integrated child care approaches that respond to colonialism, racism, violence, and inequities without using the framing of trauma or TVICC; thus, references related to this work may not have been captured in this review.

Conclusion

Given the widespread experiences of trauma, violence, and structural inequities endured by many children and families in Canada, and opportunities for connectedness between families and child care providers, there is immense potential for ELCC settings to integrate TVICC approaches to mitigate the impacts of trauma and violence and create environments in which children and families can thrive. Currently, this potential is hindered by the severe lack of peer-reviewed and grey literature on TVICC in Canada. This scoping review illustrates the need for a coordinated program of research into TVICC approaches, operationalization, and impacts in Canada. Resulting evidence can support the construction of a clear and comprehensive definition of TVICC that draws on critical decolonial perspectives, articulation of its central principles, and strategies for integrating TVICC into child care settings that are grounded in the insights of child care leaders and providers, as well as the experiences of children and families. As unique structural inequities shape the landscape of trauma and violence for young children and families in Canada (Gerlach & McFadden, 2022), there is an urgent need for a greater understanding of how a trauma- and violence-informed approach to child care (TVICC) can be integrated with child care policy, practice guidance, ECE curriculums, and professional development strategies, and can be tailored for different family and community contexts.

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Appendix

Table A1. *Search Strategy for CINAHL Database*

Concept	
S1	"trauma-informed" OR "trauma-focus*" OR "trauma-based" OR "trauma and violence informed" OR "TVIC" OR "trauma-respons*" OR "trauma-sensitive" OR "trauma-recover*" OR (decoloni* AND trauma)
S2	(MH "Psychological Trauma+") OR (MH "Adverse Childhood Experiences") OR (MH "Domestic Violence") OR (MH "Child Abuse+") OR (MH "Intimate Partner Violence") OR (MH "Exposure to Violence")
S3	[S1 OR S2]
Context	
S4	"early child*" OR "ECE" OR "ECEC" OR "early childhood services" OR "head start" OR "pre-school*" OR preschool* OR "day care*" OR daycare* OR "child care" OR childcare OR "pre-k" OR "pre-kindergarten" OR "early years" OR "nursery school*"
S5	(MH "Child Day Care") OR (MH "Infant Care") OR (MH "Schools, Nursery") OR (MH "Project Head Start") OR (MH "Child Care Providers") OR (MH "Early Childhood Intervention")
S6	[S4 OR S5]
Population	
S7	child* OR infant* OR toddler* OR famil*
S8	(MH "Child+") OR (MH "Refugees") OR (MH "Immigrants") OR (MH "Indigenous Peoples") OR (MH "Aboriginal Canadians+") OR (MH "Arctic Peoples+")
S9	[S7 OR S8]
S10	canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
S11	(MH "Canada+")
S12	[S10 OR S11]
Final Search	
S13	S3 AND S6 AND S9 AND S12

Table A2. *Search Strategy for ERIC Database*

Concept	
S1	"trauma-informed" OR "trauma-focus*" OR "trauma-based" OR "trauma and violence informed" OR "TVIC" OR "trauma-respons*" OR "trauma-sensitive" OR "trauma-recover*" OR (decoloni* AND trauma)
S2	DE "Trauma" OR DE "Early Experience" OR DE "Posttraumatic Stress Disorder" OR DE "Family Violence" OR DE "Child Abuse"
S3	[S1 OR S2]
Context	
S4	"early child*" OR "ECE" OR "ECEC" OR "early childhood services" OR "head start" OR "pre-school*" OR preschool* OR "day care*" OR daycare* OR "child care" OR childcare OR "pre-k" OR "pre-kindergarten" OR "early years" OR "nursery school*"
S5	DE "Child Care" OR DE "Child Care Centres" OR DE "Child Care Occupations" OR DE "Child Caregivers" OR DE "Early Intervention" OR DE "Caregiver Training" OR DE "Child Development Specialists" OR DE "Child Development Centres" OR DE "Early Childhood Education" OR DE "Preschool Education" OR DE "Early Childhood Teachers" OR DE "Preschool Teachers" OR DE "Montessori Schools" OR DE "Preschools" OR DE "Reggio Emilia Approach"
S6	[S4 OR S5]
Population	
S7	child* OR infant* OR toddler* OR famil*
S8	DE "Young Children" OR DE "Toddlers" OR DE "Preschool Children" OR DE "Infants" OR DE "Indigenous Populations" OR DE "Canada Natives"
S9	[S7 OR S8]
S10	canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
S11	GE canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
S12	[S10 OR S11]
Final Search	
S13	S3 AND S6 AND S9 AND S12

Table A3. *Search Strategy for PsycINFO Database*

Concept	
S1	"trauma-informed" OR "trauma-focus*" OR "trauma-based" OR "trauma and violence informed" OR "TVIC" OR "trauma-respons*" OR "trauma-sensitive" OR "trauma-recover*" OR (decoloni* AND trauma)
S2	DE "Trauma-Informed Care" OR DE "Childhood Adversity" OR DE "Posttraumatic Stress" OR DE "Trauma Treatment" OR DE "Traumatic Experiences" OR DE "Collective Trauma" OR DE " Trauma Reactions" OR DE "Emotional Trauma" OR DE "Intergenerational Trauma" OR DE "Racial Trauma" OR DE "Traumatic Loss"
S3	[S1 OR S2]
Context	
S4	"early child*" OR "ECE" OR "ECEC" OR "early childhood services" OR "head start" OR "pre-school*" OR preschool* OR "day care*" OR daycare* OR "child care" OR childcare OR "pre-k" OR "pre-kindergarten" OR "early years" OR "nursery school*"
S5	DE "Child Day Care" OR DE "Child Care" OR DE "Child Care Workers" OR DE "Early Intervention" OR DE "Nursery Schools" OR DE "Preschool Education" OR DE "Project Head Start"
S6	[S4 OR S5]
Population	
S7	child* OR infant* OR toddler* OR famil*
S8	DE "Indigenous Populations" OR DE "Inuit"
S9	[S7 OR S8]
S10	canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
S11	PL canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
S12	[S10 OR S11]
Final Search	
S13	S3 AND S6 AND S9 AND S12

Table A4. *Search Strategy for SSA Database*

Concept	
S1	"trauma-informed" OR "trauma-focus*" OR "trauma-based" OR "trauma and violence informed" OR "TVIC" OR "trauma-respons*" OR "trauma-sensitive" OR "trauma-recover*" OR (decoloni* AND trauma)
S2	DE "Emotional Trauma" OR DE "Adverse Childhood Experiences" OR DE "Transgenerational Trauma" OR DE "Tragedy (Trauma)" OR DE "Posttraumatic Growth" OR DE "Posttraumatic Stress" OR DE "Treatment of Emotional Trauma"
S3	[S1 OR S2]
Context	
S4	"early child*" OR "ECE" OR "ECEC" OR "early childhood services" OR "head start" OR "pre-school*" OR preschool* OR "day care*" OR daycare* OR "child care" OR childcare OR "pre-k" OR "pre-kindergarten" OR "early years" OR "nursery school*"
S5	DE "Early Childhood Education" OR DE "Early Childhood Educators" OR DE "Early Intervention (Education)" OR DE "Preschool Education" OR DE "Head Start Programs" OR DE "Preschool Teachers" OR DE "Preschools" OR DE "Day Care Centers" OR DE "Child Care"
S6	[S4 OR S5]
Population	
S7	child* OR infant* OR toddler* OR famil*
S8	DE "Preschool Children" OR DE "Children" OR DE "Infants" OR DE "Indigenous Peoples" OR DE "Indigenous Children"
S9	[S7 OR S8]
S10	canad* OR "british columbia" OR alberta OR saskatchewan OR manitoba OR ontario OR quebec OR newfoundland OR "nova scotia" OR "prince edward island" OR "new brunswick" OR labrador OR yukon OR "north west territories" OR nunavut
Final Search	
S11	S3 AND S6 AND S9 AND S10