

Adverse Childhood Experiences: Early Childhood Educators Awareness and Perceived Support

Master's Thesis

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Abstract

Introduction: Research suggests that early childhood is a sensitive and influential period in a child's development. Experiencing stressful experiences during this developmental phase can cause unfavourable outcomes for children and their future development. Adverse Childhood Experiences (ACEs) are experiences that can impact a child prior to the age of 18. ACEs can provide toxic stress to children and their developing brain, causing a permanent change in brain chemistry. Early Childhood Educators (ECEs) are individuals who work to support the development of children between their most malleable ages of 0 to 5. Although important for future behaviour and development, there is limited research regarding ECEs and their awareness or perceived support related to supporting children who have experiencing, or are experiencing, ACEs. Methods: A Qualitative Description approach was used in order to portray participants experiences. Semi-structured interviews were conducted with ECEs working for regulated child care centres through Nova Scotia. Results: Thematic analysis was completed and resulted in useful insight into ECEs awareness and perceived support relating to ACEs. ECEs described their awareness of ACEs, receiving this awareness from parent and educator communication, child behaviours, community location as well as barriers to this awareness such as varying comfort levels of parents and stigma. Educators suggested that creating supportive relationships and environments were important when supporting children who have been through ACEs. Additionally, educators spoke to their community's ability to support them in supporting ACEs. Educators suggested that factors such as increased training opportunities and professional development would help support children. Significance: This research begins to fill the gap between ACEs and early childhood education. This research also provides insight into future supports needed to support ECEs.

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Glossary of Terms

Adverse Childhood Experiences (ACEs): to describe the different types of traumatic events that a child may experience early on in their development such as childhood physical abuse, household substance use, childhood sexual abuse, household mental illness, exposure to domestic violence, emotional, psychological or verbal abuse, parental separation divorce, bullying, death of a parent or close relative or friend, separation from family and serious childhood illness or injury.

Early Childhood Educators (ECEs): a person who works with young children and their families in childcare centers, school-based programs, home settings or other educational settings.

Early Development Instrument (EDI): a measurement used to gauge a child's developmental health before school entry

Centres for Disease Control and Prevention (CDC): National health protection agency who teamed up with Kaiser Permanente in San Diego to create the first ACEs study.

Early Childhood Collaborative Research Centre (ECCRC): Research centre led by Dr. Jessie-Lee McIsaac at Mount Saint Vincent University.

Chapter 1

Introduction

Early childhood is a sensitive period in human development (Boivin, 2012). These early years, between the ages of 0 to 5, influence a child's future health and social development, making them an influential developmental phase throughout the life course (Irwin, 2007). The brain of the developing child is shaped by the interplay of genes and experiences. As children grow, these biological and environmental factors interconnect, shaping their development (Boivin, 2012). When a child's environment is secure and positive, their environmental and biological factors help maximize their potential. Unfortunately, the opposite may occur for those without a secure and positive environment (Boivin, 2012).

Research has shown that those who experience chronic adversities before the age of 18 are more likely to experience a range of later impairments. These developmental difficulties could include emotional, behavioural, interpersonal and stress-related adjustment problems (Boivin, 2012). Adverse childhood experiences (ACEs) refer to the prolonged exposure of potentially traumatic events that have lifelong impacts (Felitti et al., 1998). ACEs can occur across the child, family and community ecologies and include child maltreatment (e.g., verbal, physical, or sexual abuse), family stress or dysfunction (e.g., a family member that is mentally or physically ill, incarcerated or substance using; the absence or loss of a parent because of death, divorce, or separation; domestic violence), community violence and natural disasters (Blodgett & Lanigan, 2018). Such ACEs provide toxic stress in young children, which can lead to permanent changes in brain structure and function. The plasticity of an infant and early childhood brain makes it particularly sensitive to such chemical and environmental influences (Sciaraffa, Zeanah, & Zeanah, 2018). Persistently elevated levels of stress hormones can disrupt the brains

developing architecture. Therefore, experiencing ACEs during early childhood can change a child's developing brain (Shonkoff et al., 2012). Along with altering brain structure, children who experience ACEs are more likely to display difficult behaviours (Brumley, Jaffee, & Brumley, 2017; Fredland, McFarlane, Symes, & Maddoux, 2018; Lamers-Winkelmann, Willemsen, & Visser, 2012; Perez, Jennings, & Baglivio, 2018). These behaviours could include aggression, school dropout and other mood or mental disorders and are more at risk for various negative adult health outcomes such as cancer, liver disease, substance abuse and depression (Hunt, Slack, & Berger, 2017).

Young children exist and develop within a complex system of relationships that are interconnected. Beginning with close family members, children's relationships gradually grow to include extended family members, cultural experiences and school environments (Bronfenbrenner, 1986; O'Connor & McCartney, 2007). It is within this complex system of relationships that children experience interactions and relationships with others that determine their level of trust and sense of support (McNally & Slutsky, 2018). It is likely that ACEs are experienced in a home setting; however, early childhood education is a growing environment where children spend a considerable amount of time. Quality early childhood education provides a safe, secure and developmentally sound place for children, helping them gain developmentally from the experience (Pence & Pacini-Ketchabaw, 2008; Committee on Early Childhood, 2005; Khanna & Rothman, 2015; Shonkoff et al., 2012). High-quality childcare programs result in both short and long-term benefits as it reduces ability gaps and bolsters social and emotional skills (Gomez, 2016). Early childhood educators (ECEs) are considered an important part of the early childhood education environment. ECEs who are both supportive and responsive can make a difference for children over time, particularly children with identified risk factors (Gomez,

2016). High quality teacher and child relationships provide protective and supportive environments that provide social support for children leading to overall school success (Sciaraffa et al., 2018). Therefore, ECEs have the potential to use their relationship as a tool by providing protective and supportive environments for children within their care.

Multiple retrospective research studies have been completed regarding ACEs and adult outcomes (Felitti et al., 1998; Fredland et al., 2018; Fuller-Thomson, Roane, & Brennenstuhl, 2016; Hughes et al., 2017; Lee, Phinney, Watkins, & Zamorski, 2016; Poole, Dobson, & Pusch, 2018; Sareen et al., 2013; Thomson & Jaque, 2017; Zarnello, 2018). Based on a review of the literature, there seems to be a gap in the knowledge regarding ACEs among Canadian children and the early childhood education environment. To the researcher's knowledge, there has yet to be a Canadian study looking at ECEs awareness of ACEs and how they perceive available support when working with children who may show signs of adversity. Quality early childhood education can help promote resiliency in children who have experienced early adversity (Sciaraffa et al., 2018), but it is unknown how educators can assist in this resiliency if they are unaware of such experiences. Due to the connection between quality early childhood education and resiliency, research should focus on whether or not ECEs feel supported when working with children experiencing ACEs. As stated above, children who are experiencing ACEs are more likely to display challenging behaviours. Reporting on a survey that included over 500 ECEs, challenging behaviour was rated as the highest training need among educators (Hemmeter, Santos & Ostrosky, 2008). ECEs continue to be challenged by how to support children who display significant social, emotional, behavioural needs while also providing a developmentally appropriate and supportive learning environment (Fox, Hemmeter, Snyder, Binder, & Clarke, 2011). Child challenging behaviour was found to be a contributing factor related to ECEs

perceptions of stress and burnout (Stormont & Young-Walker, 2017). Therefore, the purpose of this study is to explore the awareness of ECEs related to ACEs and their perspectives of the support available to assist such children in early childhood settings.

Research Questions

The following research questions will be explored.

1. How aware are ECEs of ACEs?
2. How are ECEs currently supporting children who may have, or who are currently experiencing, ACEs?
3. How are ECEs supported in assisting children who have, or who are currently experiencing, ACEs?

Chapter 2

Literature Review

Social Emotional Development

The social emotional development of a child is important for their future success. This development may assist a child in identifying and understanding feelings, accurately reading and comprehending emotional states in others, managing strong emotions and expression in a constructive manner, regulate behaviours, develop empathy for others and establish and sustain relationships (Voinea & Damian, 2014). The skills stated above are formed through both biological and environmental influences. A contextual worldview understands children as active entities whose developmental paths represent a continuous, dynamic interplay between both internal and external forces (Lagace-Seguin, 2009). These skills are commonly known to be formed at an early age through interaction with family members and other environments such as early childhood education settings. Along with parents, educators have an impact on a child's social emotional health as their role is often to promote participation, to encourage the exchange of knowledge, feelings and experiences (Voinea & Damian, 2014).

Research has continued to identify critical skills for children, such as recognising, expressing and managing appropriate emotions. Such skills are said to assist children throughout their life course (Hemmeter, Santos, & Ostrosky, 2008). These social emotional skills and competencies are interrelated and their development in the early years forms the foundation for later emotional, social and cognitive adjustment (Papadopoulou et al., 2014). Social emotional development is highly relevant to the development of cognitive abilities, is an important foundation for learning, a contributor for academic transitions and signifies a protective factor for disruptive behaviour, behaviour problems and mental health issues (Papadopoulou et al.,

2014). Therefore, poor development of social and emotional skills are among the factors that may place children at risk for social adjustment problems, including peer rejection, behaviour problems and lower academic success (Sciaraffa et al., 2018).

Social emotional development in Nova Scotian children. The Early Development Instrument (EDI) is a measurement used to gauge a child's developmental health before school entry (Offord Centre for Child Studies, 1998). The EDI measures a child's developmental health in Grade Primary through a teacher completed questionnaire related to five different areas of early development which are further sub-divided into 16 different sub-domains. The five different areas include: physical health and well-being, social competence, emotional maturity, language and cognitive development and communication skills and general knowledge. Within these measures, social competence and emotional maturity help to determine the social emotional health of children within the province.

The social competence of a child can be defined as having curiosity within one's environment, the eagerness to try new experiences, the ability to work with other children and the ability to control one's behaviour and cooperation with others (Janus & Offord, 2007). Emotional maturity includes having empathy towards others, having the ability to reflect before acting, having a balance between being too fearful and too impulsive and dealing with feelings at an appropriate level (Janus & Offord, 2007). The 2018 Nova Scotia EDI report highlighted that 28.8% of children in Nova Scotia were vulnerable on at least one domain of the EDI, slightly higher than the Canadian average of five (Department of Education and Early Childhood Development, 2018). Further, 9.1% of children in Nova Scotia were vulnerable in the Social Competence domain and 9.0% were vulnerable within the Emotional maturity domain within a

sample of 8677. These results would suggest that not all children entering school have the expected social emotional skills.

Stress on the Developing Brain

The body has two major stress response systems that assist with fight or flight responses reacting to stressors and threats. When exposed to potentially dangerous situations, the bodies automatic nervous systems release epinephrine and norepinephrine which are hormones that initiate psychological reactions, enabling the body to respond quickly (Sciaraffa et al., 2018). This response enlists an increased heart rate, increased blood supply to the muscles of the brain, reduced blood supply to the skin and the release of glucose for the energy needed for the fight or flight response (Shonkoff et al., 2012). Secondly, the hypothalamic pituitary axis stimulates the release of cortisol which is considered the human stress hormone. Cortisol impacts areas of the brain involved in memory, attention and regulation of thoughts and emotions which have a wide impact on other physiological functions (Shonkoff et al., 2012). Shonkoff et al. (2012) further discusses the impacts of cortisol and how prolonged high levels with long-term stress can produce detrimental effects on cognition and cardiovascular, endocrine, and other regulatory system. From early on, the body and brain of a child responds and adapts to various types of stimuli.

The construction of the brain and the bodies major stress systems impacts and are affected by increasing levels of stress. Shonkoff et al. (2012) discussed a three-tiered model of stress where they described positive, tolerable and toxic stress, explaining how each have an impact on a child's developing brain. Both positive and tolerable stress cause minimal developmental impacts. Positive stress is moderate and short-lived, usually considered a part of life and even growth promoting. An example of positive stress could include a child learning a

new skill or subject in school. Although stronger than positive stress, tolerable stress does not pose a risk of long-term outcomes and can be minimized by stable, caring and nurturing caregivers within a quality environment. An example of tolerable stress could include a child being displaced from their home, school, and friends during a natural disaster (Shonkoff et al., 2012).

Toxic stress is explained as chronic, uncontrollable events or circumstances, causing frequent, strong, or prolonged activation of the stress management system (Cortazar & Herreros, 2010). Such stress can impact and disrupt the developing construction of the brain and impact the long-term capability of the individual to respond to and manage stress (Shonkoff et al., 2012). Therefore, children who experience high levels of adversity may experience high levels of brain function, with increased levels of cortisol and other stress-releasing hormones, resulting in developmental and behavioural impacts. This example can relate to a child who lives with a mother who has low income, struggles with mental illness and is involved in a violent relationship.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) can be used to describe the different types of traumatic events that a child may experience early on in their development (Sciaraffa et al., 2018). They are described as intense events such as episodes of physical or sexual abuse as well as chronic stressors such as harsh parenting, parental depression, parental substance use and deprivation (Boivin, 2012). Multiple research studies have stated that experiencing ACEs before the age of 18 can cause health issues such as heart disease, cancer, depression, anxiety, ulcers and other health related outcomes (Afifi et al., 2011; Brennenstuhl & Fuller-Thomson, 2015; Carette S et al., 2000; Chartier, Walker, & Naimark, 2010; Choi, DiNitto, Marti, & Segal, 2017;

Colman et al., 2016; Fellin, King, Esses, Lindsay, & Klassen, 2013; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016; Fuller-Thomson, Bottoms, Brennenstuhl, & Hurd, 2011; Hughes et al., 2017; Sareen et al., 2013)

The first and influential study regarding ACEs was conducted jointly by the Centres for Disease Control and Prevention (CDC) and Kaiser Permanente in San Diego, California, by physicians Vincent Felitti and Robert Anda and colleagues (Sciaraffa et al., 2018). The study included over 17,000 adult participants ranging between the ages of 19 to 60. These participants completed surveys regarding their childhood experiences prior to the age of 18 along with their current health status and behaviors (Felitti et al., 1998). Ten items of reported ACEs were organized into ten categories which included psychological, physical and sexual abuse; physical and emotional neglect; and household dysfunction including parental separation or divorce, violence against the mother, and household members who were mentally ill or suicidal, substance abusers, or ever imprisoned (Felitti et al., 1998).

Felitti et al. (1998) found that as the participants' ACE scores increased, so did the chances of encountering a health or social problem later in life. Those participants who reported multiple ACEs were more likely to experience health risks including alcohol and substance abuse, depression and suicide attempts, multiple sexual partners and sexually transmitted diseases and physical inactivity and obesity. Felitti et al. (1998) created a pyramid outlining their framework (Appendix A). The pyramid represents the framework for how ACEs ultimately affect a child's life from conception until death. ACEs occur at the beginning of a child's life and set the groundwork for life-long risks and poor decisions and behaviors. By working within this framework, the ACE study began to progressively uncover how ACEs are strongly related to the development and prevalence of risk factors for disease, health and social well-being throughout

the lifespan (Felitti et al., 1998). Although this was a retrospective study focused on adults, it gives great support to the idea that those who experience ACEs will have difficulty with their future health and development. This study also made way for future research regarding ACEs, providing strong evidence to the fact that early toxic stress can cause brain dysfunction, impacting the health and quality of life (Felitti et al., 1998).

Additional ACEs. In further reports, research has added further adversities they believe to have an impact on overall development. Finkelhor, Shattuck, Turner and Hamby (2015) believed that the original 10 item scale of ACEs could be improved. Finkelhor et al. (2015) further looked at how childhood bullying and peer victimization, isolation and peer rejection, poverty and deprivation, and exposure to community violence could have developmental effects (Finkelhor, Shattuck, Turner, & Hamby, 2015). Hughes et al. (2017) conducted a systematic review where they looked at multiple ACEs through literature that included childhood physical abuse, household substance use, childhood sexual abuse, household mental illness, exposure to domestic violence, emotional, psychological or verbal abuse, parental separation divorce, bullying, death of a parent or close relative or friend, separation from family and serious childhood illness or injury. These traumatic experiences all seemed to impact future development (Hughes et al., 2017). Poverty can be described as a cause for psychological distress for both families and their children leading to parental depression and marital conflict (Lagace-Seguin, 2009). Therefore, poverty may be a preceding variable that influences other ACEs such as potential divorce and parental mental health. This statement would support the fact that ACEs are usually comorbid (Felitti et al., 1998; Fuller-Thomson et al., 2016; Sareen et al., 2013). Although still influential, research has expanded beyond the listed ACEs supplied by Felitti et al. (1998).

Impacts of ACEs later in life. Approximately 72% of Canadian adults' residing in Ontario reported exposure to at least one type of ACE (Chartier et al., 2010). Blodgett (2012) from Washington State University found that the impacts of ACEs were not just shown in adulthood. Children with at least three ACEs were three times more likely to experience academic failure, four times more likely to experience health problems, five times more likely to experience attendance problems and six times more likely to have behavioral problems. Flaherty et al. (2009) implemented a longitudinal study of children at risk for abuse and neglect. They had found that by the age of 12 only 10% of children had experienced no ACEs and 20% had experienced five or more. Children who experienced ACEs were more likely to have a health complaint, over three times more likely for the caregiver to report the child having physical complaints and nearly four times more likely to have an illness requiring care from a physician (Flaherty et al., 2009).

A study in the United States looked at the relationship between ACEs and mental health, chronic medical conditions and social development among children in the child welfare system aged 18 to 71 months. They found that 98.1% of the children had experienced at least one ACE. For each additional ACE that a child encountered, the likelihood of behavioral problems increased by 32% (Kerker et al., 2015). There was also a 21% increased likelihood of a child forming a chronic medical condition and a 77% increased likelihood of having low socialization on standard measures of behavior and development. Those who experience ACEs are more likely to experience language difficulties, health issues with self-regulation, lack of impulse control, self-harm and aggressive behavior (Sciaraffa et al., 2018). Kendall-Tackett (2002) proposed that ACEs interfere with one's ability to form social ties, inhibiting them from accessing support in the future. Many of those with a history of adversity experience a negative and lasting effect on

their social relationships. Over time, this may result in inadequate levels of social support, detrimental to one's health (Kendall-Tackett, 2002; Lee et al., 2016).

ACEs in the Canadian context. Some Canadian infants and young children experience obstacles to healthy development through their experiences with ACEs. In 2008, 34% of children experienced neglect out of a sample of 28,939 cases. Similarly, out of 29,259 investigations, 34% of children experienced exposure to intimate partner violence (Vine, Trocme, Nica & MacLaurin, 2013). In 2015, Nova Scotia and New Brunswick recorded the highest rates (22%) of children living in low-income households (Statistics Canada, 2015). According to the 2011 General Social Survey on Families, approximately five million Canadians had separated or divorced within the last 20 years (Statistics Canada, 2011). Overall, about four in ten (38%) had a child together at the time of their separation or divorce, with one-quarter (24%) having at least one child aged 18 or younger (Statistics Canada, 2011). Children's enhanced sensitivity to their social worlds mean that they are susceptible to early adversity. According to Felitti et al. (1998) long term chronic stress, along with the absence of a supportive adult, can have large impacts on a child's developing brain, leading to negative impacts on learning, behaviour and health.

Resilience

Although it is prevalent that ACEs can have detrimental impacts on one's development, resiliency can be gained through quality environments and relationships. Evidence supports that participating in quality early childhood education can assist children who have experienced adversity (Sciaraffa et al., 2018). The following section explains why children may have difficulty forming healthy relationships in an early childhood education setting due to Attachment Theory. The section to follow explains how children can show resiliency with the help of quality early childhood education.

Attachment. During the first few years of life, children develop an early attachment with their primary caregiver. This primary attachment, whether secure or insecure, can pose different outcomes depending on which and will shape a child's social emotional development (Cortazar & Herreros, 2010). Attachment theory can be explained by influential psychologists such as John Bowlby and Mary Ainsworth. There are four main types of attachment styles, these include secure attachment, ambivalent attachment, avoidant attachment and disorganized attachment (Bowlby, 1973; Bretherton, 1992). Children who are securely attached generally become upset when their caregivers leave and are happy when their parents return. When frightened, these children will seek comfort from the parent or caregiver. Contact initiated by a parent is readily accepted by securely attached children and they greet the return of a parent with positive behavior. Children who are ambivalently attached tend to be extremely suspicious of strangers. These children display considerable distress when separated from a parent or caregiver, but do not seem reassured or comforted when they return. In some cases, the child might passively reject the parent by refusing comfort, or may openly display direct aggression toward the parent. Children with avoidant attachment styles tend to avoid parents and caregivers. This avoidance often becomes especially obvious after a period of absence. These children might not reject attention from a parent, but neither do they seek out comfort or contact. Children with an avoidant attachment show no preference between a parent and a complete stranger. Children with a disorganized-insecure attachment style show a lack of clear attachment behavior. Their actions and responses to caregivers are often a mix of behaviors, including avoidance or resistance. These children are described as displaying dazed behavior, sometimes seeming either confused or apprehensive in the presence of a caregiver (Bowlby, 1973; Bretherton, 1992).

Despite their specific focuses and publications, all theorists seem to support the notion that children require love, warmth and affection during the early years. According to Bowlby (1951) to be able to grow mentally, infants and young children should experience a warm, intimate and continuous relationship with their mother (or mother substitute) (Bowlby, 1951; Bretherton, 1992). Adding to his research, Ainsworth similarly stated that infants and young children need to develop a secure dependence on their parents before plunging into unfamiliar situations (Bretherton, 1992). If a child's first initial attachment deems to be insecure, the child is more likely to have difficulty forming secure relationships with future adults (Bowlby, 1973). Similarly, Erik Erikson discussed a similar idea throughout his eight psychosocial stages of development. The first stage of development, trust vs. mistrust, states that infants must learn to trust their close companions or else run the risk of mistrusting other people later in life (Lagace-Seguin, 2009).

How is attachment influenced by adversity? Early attachment relationships have the potential to impact individuals beyond childhood and into adulthood. Negative caregiving experiences, parental divorce and different levels of maltreatment have been linked to insecure attachments (Grady, Levenson, & Bolder, 2017). Grady et al. (2017) examined the association between ACEs and adult attachment styles and found that as the number of ACEs increased, so did the probability of having a disorganized attachment. Neurological research has also explored the linkage between ACEs and attachment, finding that ACEs actually produce biochemical changes in the parts of the brain that regulate attachment behaviours (Beech & Mitchell, 2005). Children experiencing ACEs are also more likely to have parents that have also experienced an ACE (Guss et al., 2018; Haney et al., 2018; Sun et al., 2017). Research states that parents with previous ACE experiences are more likely to have children who display challenging behaviour

(Schickedanz, Halfon, Sastry, & Chung, 2018). Child behavioural difficulties and the stress and developmental impacts of previous adversity may make forming a secure attachment difficult.

Children entering an environment with a previous insecure attachment may find it problematic to trust other adult figures. Bowlby (1980) used the concept of the internal working model (IWM) to refer to the group of expectations to the self and others that are generated as the results of attachment relationships. An IWM represents the ideas of availability of others and the feeling of being worthy or unworthy of experiences, learning from the past and guiding and influencing present and future experiences (Bowlby, 1980; Cortazar & Herreros, 2010). Children who experience insecure primary attachments will further find it difficult to make close connections with other adults due to their current predisposition of adults. Bowlby (1973) stated that when such children become adults, it is hardly surprising that they have no confidence that a caretaking figure will ever be truly available and dependable. Through their eyes, the world is seen as comfortless and unpredictable, and they respond either by shrinking from it or by doing battle with it (Bowlby, 1973).

Early childhood education, for example, is a setting where children with previous experiences of ACEs may find it difficult to create secure and comforting relationships. Bowlby (1973) further explained that children who fail to bond or connect with their caregivers develop IWM of adults as unworthy of trust, empathy and concern (Bowlby, 1973; Savage, 2014). Therefore, children with insecure attachments in early childhood education settings are not always able to act independently or trust that while they explore the environment, someone will be ensuring that their safety is a priority and their needs will be met (Cortazar & Herreros, 2010). Although attachment with a primary caregiver impacts a child, ECEs can act as stable attachment figures.

Quality childhood education. ECEs are in a position to recognize and buffer the impact of ACEs. Although children may go through early adversity, this is not to say their fate is set out. Therefore, those who experience ACEs are capable of showing resiliency and essentially overcoming adversity. Mortensen and Barnett (2016) found that children facing the most risk for maltreatment typically showed the greatest gains when exposed to high-quality childcare. They define quality care as programs that create developmentally appropriate environments that are aligned with children's needs. Children face socioemotional adjustment issues when they experience both lower quality home and childcare environments (i.e. with fewer learning opportunities and unresponsive care). However, children who were in low quality home settings but participated in high-quality child care settings showed improved outcomes (Watanabe, Phillips, Morrissey, McCartney, & Bub, 2011). Further, quality childcare has been shown as a strength for children with mothers who have low levels of education and for socioeconomically disadvantaged boys and African American children (Mortensen & Barnett, 2016; Peisner-Feinberg et al., 2001). Children living in non-parental and foster care arrangements, Head Start and other school readiness interventions in the United States have been shown effective at improving teacher-child relationships, reducing behaviour problems, and improving emotion regulation strategies through quality child care (Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Mortensen & Barnett, 2016). Close teacher-child relationships may also be significant in reducing externalizing problems for low-income and maltreated children (Lipscomb, Schmitt, Pratt, Acock, & Pears, 2014).

Although only emerging, research with samples of preschool children point to the promising role of child care programs improving the developmental outcomes for children experiencing adversities (Mortensen & Barnett, 2016). Previous research has stated the

importance of early childhood education on childhood development (Bakken, Brown, & Downing, 2017; Campbell, Gambaro, & Stewart, 2018; Gomez, 2016; Hemmeter et al., 2008; McNally & Slutsky, 2018; Mortensen & Barnett, 2016; Roberts, LoCasale-Crouch, Hamre, & DeCoster, 2016). Important components for coping with adversity are a safe environment, good nutrition, physical activity, rest, predictable routines and exposure to interesting and stimulating activities. These components are essential for the promotion of cognitive, physical and social-emotional development (Sciaraffa et al., 2018).

According to the American Committee on Early Childhood (2005), the indicators of a high-quality early education childcare program are those where care is consistent, developmentally sound and emotionally supportive. Quality early childhood education usually includes both structural and process quality. Structural quality can refer to staff and child ratios, group sizes and staff education which are more government regulated. Process quality includes interactions that children experience with staff and other children in the program setting, experiences that impact a child directly. Structural quality can then aid in process quality, as staff education for example, could assist in an educators interactions with children (Falenchuk, Perlman, McMullen, Fletcher, & Shah, 2017). Children exposed to a poor-quality environment, whether at home or outside the home, are less likely to be prepared for school demands and more likely to have their social emotional development derailed (Committee on Early Childhood, 2005). Research on high quality early childhood education programs for children confirm lasting positive effects such as greater school success, higher graduation rates, lower juvenile crime, decreased need for special education services and lower adolescent pregnancy. Children who attend high-quality early childhood programs demonstrate better math and language skills, better

cognition and social skills, better interpersonal relationships, and better behavioural self-regulation than do children in lower-quality care (Committee on Early Childhood, 2005)

ECEs play an important role in the early education and development of children. Other than guardians, ECEs are additional adult figures that a child may come in contact with on a daily basis. Wertsch and Bronfenbrenner (2005) proposed that for a child to display resiliency, he or she needs at least one adult who deeply cares for them and provides support. Therefore, caring and skilled caregivers can help a child feel physically and emotionally safe (Sciaraffa et al., 2018; Wertsch & Bronfenbrenner, 2005). The quality of a child's first primary attachment lays the groundwork for the child, educating them on how to develop a sense of self with others. However, ECEs can also contribute to a child's sense of security about themselves and others by ensuring that each child is cared for (Sciaraffa et al., 2018). Caregiving that is sensitive, responsive and full of positivity has been associated with higher emotional engagement, social competence, social development in elementary school and reduce behaviour problems in adolescence (Mortensen & Barnett, 2016). Evidence in related fields of emotion regulation suggest that educators play a critical role in this ability. Both the relationship quality and attachment between an educator and a child has been associated with fluctuations of cortisol in children, having potential implications for developing regulatory systems (Badanes, Dmitrieva, & Watamura, 2012; Mortensen & Barnett, 2016).

Infants and young children need a personal relationship with their educator. This personal relationship usually involves educators getting to know, and value, the child's behaviours, needs and temperament so the child can feel known and cared for (Sciaraffa et al., 2018). The particular educator becomes the go to person for a child when help is needed or in times of stress. When an educator displays these actions, the child gains a sense of trust and support,

feelings that they may have previously missed in other adult relationships. In addition, the educator shows that they enjoy being with the child which encourages and assists in the child's development (Sciaraffa et al., 2018). These examples help a child create a secure relationship with their educator, further creating a secure attachment with an adult figure (Lally & Mangione, 2017). This secure relationship is especially critical for children who have experienced trauma because it can provide extra support in times of need (Sciaraffa et al., 2018). ECEs and their ability to build relationships with children and help to provide a secure, consistent, stimulating and rewarding environment assists in creating quality early childhood education (Halfon & Langford, 2015).

As stated previously, about 28.8% of children in Nova Scotia enter school vulnerable with at least one developmental domain according to the EDI. Children who start school behind their peers have a harder time catching up (Department of Education and Early Childhood Development, 2019). Even with extra support and remediation programs, it is often too late to change learning trajectories for children. For this reason, providing quality early learning environments prior to grade primary is key in reducing vulnerabilities and giving children a strong start (Department of Education and Early Childhood Development, 2019). Children benefit from quality early learning experiences, especially in the year prior to school entry (Department of Education and Early Childhood Development, 2019).

Support for ECEs

As previously stated, children who experience ACEs are more likely to display challenging behaviour. Unfortunately, research has suggested that many ECEs do not feel prepared to meet the needs of children who have significant social emotional problems or behavioral difficulties (Kaufman-Parks, DeMaris, Giordano, Manning, & Longmore, 2017).

Educators report disruptive behaviour as one of the single greatest challenges they face in providing a quality program and they describe increasing numbers of children who present these problems (Hemmeter et al., 2008). Challenging behaviour is associated with stress and burn out in school-aged teachers. Given the lack of formal and coordinated in-service education and verified qualifications, ECEs are particularly vulnerable to stress (Bancroft & Underwood, 2015; Stormont & Young-Walker, 2017). As a result, maltreated infants may exhibit a variety of intense emotions and atypical behaviours in the classroom, posing difficulties for caregivers and educators.

ECEs, especially those working with high-risk families, should have a thorough understanding of the physiological and psychological mechanisms underlying the emotions and behaviours infants and toddlers may display as a result of ACEs (Stormont & Young-Walker, 2017). Having this understanding may help them facilitate developmentally appropriate responses by limiting educators' own feelings of frustration that arise from stressful interactions, including being mindful of their own emotional responses (Dinehart, Manfra, Katz, & Hartman, 2012). ECEs may need more support when working with young children who pose challenges. This can be explained by the demands of their jobs, the lack of compensation, the lack of professional development in the area and the stress related to teaching children with challenging behaviour. As of now, there is little empirical research that evaluates the preparedness of ECEs and staff to provide quality care to this population (Dinehart et al., 2012).

In 2016, Nova Scotia published the Nova Scotia Review of Regulated Child Care. In the report the Nova Scotia EDI results were discussed mentioning that children need to be exposed to quality early childhood education prior to school entry. The report also stated that there needs to be a greater emphasis placed on supporting infant and toddler social and emotional learning.

To respond to the identified concern of social and emotional learning, Nova Scotia has begun implementing The Pyramid Model for supporting Social Emotional Competence in Infants and Young Children. Supporting children who exhibit challenging behaviour can be demanding, frustrating and complex for those in the early childhood education field. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a framework of evidence-based practices that promote young children's healthy social and emotional development (Fox et al., 2011; Hemmeter, Hardy, Schnitz, Adams, & Kinder, 2015; Hemmeter, Snyder, Fox, & Algina, 2016). Implementing this model aims to build staff, administrators and parents' ability in supporting and enhancing children's development.

The model describes three tiers of intervention practices, shown in Appendix B. The tiers include universal promotion for all children; secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges (Hurley, Saini, Warren, & Carberry, 2013). By implementing the Pyramid Model, the province hopes to reach extended outcomes. Some of these longer-term outcome goals include educators having increased capacity, confidence and resourcefulness to address social emotional health, increased implementation of social and emotional practices with children and families by ECEs, less staff turnover and fewer behavioural incidents and no withdrawal of children in early learning and care settings. The ideal future state would then be that children have social and emotional well-being that supports them throughout life (McIsaac, 2018)

ECE Awareness of ACEs

ECE and parent communication is important when supporting a child's development. If a child is displaying difficult behaviour, a parent may be able to communicate with the educator about why this behaviour may be occurring. Unfortunately, open parent and educator communication may be difficult, especially if the family is experiencing adversities. For example, children who are a victim of intimate partner violence are at risk for experiencing developmental delays (Bedi & Goddard, 2007). Parents or guardians who are victim of intimate partner violence may find it difficult to communicate with an educator about what is going on in the home (Alaggia, Regehr, & Jenney, 2012). Parents and guardians may feel embarrassment and fear. Due to the failure to protect law, parents who choose to keep their child in a violent setting have the risk of being charged alongside their violence partner due to the laws of child endangerment (Alaggia et al., 2012). This is just one example as to why parents and guardians may feel restricted to providing open communication with an educator.

A positive relationship between the teacher and the young child's family is a source of support for families in general as well as during times of stress and need (Masten, Cutuli, Herbers, & Reed, 2009). Parents who feel welcomed and accepted in the early childhood education program and feel that their input and perspectives are valued and incorporated into the child's daily activities are more likely to be cooperative and involved in the center (Masten et al. 2009). A positive relationship enhances the ability of the teacher to provide general information to the family, such as classroom expectations and typical development and facilitates discussions concerning the needs of the child (Masten et al. 2009). Additionally, teachers can model healthy adult-child interactions. By working collaboratively with parents, teachers provide an additional

layer of protection for children who experience adversity. More specifically, ECEs can support families' abilities to build protective factors (Sciaraffa et al., 2018).

Conclusion

ACEs have a strong impact on the life and development of a child. Although detrimental, quality early childhood education and further support from ECEs can aid in the resiliency of ACEs and support children with social and emotional difficulties. Although these two things seem clear, there is a gap in the literature when it comes to ACEs in early childhood education. Although quality early childhood education is said to support children, it is unclear whether or not ECEs are aware of ACEs among the children they work to support. Research also supports the fact that ECEs struggle with supporting children who may display social and emotional troubles. Therefore, this research will explore whether or not educators are aware of the ACEs children experience and whether or not ECEs feel supported when working with children who struggle with social and emotional difficulties. It is our aim to discover ECEs perceived support in providing the quality early childhood education that states to assist early childhood development.

Chapter 3

Methods

The aim of this research study was to explore the awareness of ACEs among ECEs along with their perceptions of related supports. This study received ethical approval from the Mount Saint Vincent University Research Ethics Board. ECEs from different childcare centres across Nova Scotia were recruited. Initial emails were sent out to 150 regulated childcare centres throughout the province. Once childcare centres responded with their interest, recruitment posters were sent out to be placed on staff room walls or other places within the centre that could be accessed by ECEs. Once informed consent was obtained, participants were interviewed using a semi-structured interview technique. These interviews were audio recorded and later transcribed verbatim, preceding the thematic analyses process proposed by Braun & Clarke (2006).

Methodology

This research followed a constructivism/interpretivism approach. Interpretivism (or constructivism) believes there to be multiple realities as realities are social constructed, subjective and susceptible to change (Wahyuni, 2012). Using this approach focuses on uncovering participants' perspectives around certain events, with data being influenced by the researcher's and the participants' own experiences and values (Wahyuni, 2012). Using each participant's unique and valued reality was intended to give insight to the proposed research questions. Furthermore, a qualitative description approach was used in order to portray the participants' experiences. A qualitative description approach refers to illustrating narratives of experiences had by individuals (Willis, Sullivan-Bolyai, Knafl, & Cohen, 2016). Interpreting the various perspectives of others allowed for the discovery of common themes, moving beyond

what the participant reported, clustering together common ideas from multiple individuals to represent the data (Braun & Clarke, 2006; Willis et al., 2016).

Procedure

Participants. ECEs working in childcare centres across Nova Scotia were recruited for this research study. Recruiting ECEs from a variety of childcare centres helped to gather a diverse sample, leading to multiple backgrounds and perspectives. Any ECE who was interested in participating and identified with the inclusion criteria were considered for recruitment. Inclusion criteria for the research participants included the following: hold the age of majority, work in a licenced early childcare centre located in Nova Scotia, work for a full-day child care program, work for a child care program that cares for children aged 18 months to five years, identify with any ethnic or cultural background and identify with any gender or persons who do not identify with a particular gender. Participants who were excluded from the study were those who did not hold the age of majority, did not work for a regulated childcare centre in Nova Scotia, ECEs who worked for part-time child-care centres and those who worked for unlicensed childcare centres.

Recruitment. Childcare centres were chosen using the Nova Scotia Directory of Licensed Child Care Facilities. Directors were initially contacted to ask for their support in promoting the research to their staff. All regulated childcare centres throughout Nova Scotia whose contact information was available on the Nova Scotia Directory of Licensed Child Care Facilities were sent an initial email. All centres that showed interest were given recruitment posters containing information about the study. Social media was also used as an outlet to recruit participants. The Early Childhood Collaborative Research Centres (ECCRC) Facebook Page and Twitter accounts were also used to reach potential ECEs working in regulated childcare centres

across Nova Scotia. The researcher's office phone number and email were made available on recruitment posters, shown in Appendix C for ECEs that showed interest. Once participants expressed interest through social media, phone or email, the researcher provided information regarding the consent process. Interviews were available in person or over the phone. For interviews over the phone, the consent form was sent to the participant prior to the interview. The signed consent form was then sent back to the researcher, preceding the interview scheduling. For interviews in person, the consent form was brought to the interview and handed to the participant prior to the interview. The participant had time to read the consent form and sign the designated areas before the interview commenced.

Since the discussion of ACEs may be difficult for some participants, it was important for them to understand that their participation was voluntary. Participants were told of their right to choose not to respond to any of the interview questions and were also given the option to leave the interview if they grew uncomfortable. This information was further noted in the informed consent documentation. All names (i.e. names of participants, children, parents, and coworkers) and any identifying information were removed, meaning all information given by the participants remained confidential. Before the interview began, the researcher discussed the importance of confidentiality related to ACEs. Participants were encouraged not to use specific names as the researcher was not aiming to dive into specific cases of adversity. The researcher told participants that it was the duty of the researcher to report any disclosure of abuse and child maltreatment. This framed explanation can be seen in Appendix D

In addition, the researcher used their own judgment to end recruitment. The researcher felt that they gained a sample of rich experiences within the sample of nine participants and felt that those experiences could tell an insightful story about the sample. Participants represented

were located in rural, urban and underserved communities. Additionally, all educators had varying years of experience working within the childcare sector and provided insight into their experiences supporting children.

Data Collection

Semi-structured interviews. Semi-structured interviews were used in this study as they allowed the research to be open-ended and consistent with the qualitative description approach (Bryman, 2012). The researcher began with an interview guide containing predetermined questions that were specific and related to the research topic. Although questions were predetermined, the researcher had a great deal of freedom in how to reply. This type of interviewing provided flexibility, in that questions did not have to follow a specific outline (Bryman, 2012). This also allowed the researcher to use additional probes if the participant brought up an idea that did not relate to the exact interview question. Probes such as “can you tell me more about that?” or “why do you think that is?” were used in order to gain a deeper understanding about the participants experience (Bryman, 2012). Each participant was entered into a draw to win a \$20 gift card from a local grocery store. Interviews took place over the phone, at Mount Saint Vincent University, at the childcare centre of the participant or in a private location at a public library.

The researcher began the interview with a definition of ACEs and any other abbreviations or terms that may have needed clarification. The interview questions, shown in Appendix E, were used with each ECE as a way to start and guide the conversation. The participants were encouraged to speak to their own experiences and had the opportunity to tell the researcher if he/she/they thought another question should have been asked that related to the topic. The interview questions helped the participant dig deep into their experiences and further helped the

researcher answer the previously stated research questions. All interviews lasted between 30 to 60 minutes and were audio-recorded and later transcribed verbatim for analysis.

Analysis

As previously stated, the thematic analysis process described by Braun & Clarke (2006) was used as a guide for this research study. Once interviews were complete, each one was transcribed verbatim using ExpressScribe and coding was completed using Nvivo Version 12 Software. First, each transcript was reviewed, and any identifying information was removed before inputting the transcripts into the software. The researcher familiarized themselves with the data by being present in the interviews, transcribing the interviews and reviewing the transcripts. Second, initial codes were created, the researcher read through the transcripts and created a codebook further naming and defining each code. Verbatim examples from the transcripts were copied into the codebook to further explain the meaning of each code. After an initial codebook was created, the researcher engaged with her thesis supervisor to go over the initial codes. This discussion helped to add, delete or combine different codes that accurately represented the data. Third, the researcher began searching for broader level themes. This phase refocused the analysis back to a broader level, searching for larger ideas (i.e. themes) rather than specific codes. Fourth, the researcher reviewed those broader level themes. This meant collapsing some themes together to create even bigger overarching ideas or breaking ideas down to create separate ones. Once the themes were reviewed, the fifth step included defining and naming those themes. This step essentially helped the researcher reach the essence of what each theme was about (Braun & Clarke, 2006). The researcher further defined the themes, creating a detailed description of each. Once themes were initially defined, the researcher again met with her thesis supervisor to go

over the broader level themes. This included a discussion around how the themes accurately represented the data.

Chapter 4

Results

Nine participants were recruited throughout Nova Scotia and held a range of early childhood education experience. All participants worked for a full-time licensed childcare facility and held at least a level 1 classification. Seven participants referred to themselves as “on the floor” ECEs, while two participants spoke to their roles as an inclusion coordinator and a childcare director. The majority of the sample worked for urban childcare centres in the Halifax Regional Municipality, while a few worked out of rural areas. Each ECE worked with children between the ages of zero to five, supporting the previously stated inclusion criteria. Seven of the participants seemed to have a previous idea of what ACEs were, but often referred to ACEs as trauma or adversity rather than the specific term of ACEs. Although most participants were interested in the topic, two spoke to their little knowledge surrounding ACEs. To respond to each research question, themes and subthemes were identified and organized to respond to each research question: 1) How aware are ECEs of ACEs? 2) How are ECEs currently supporting children who may have, or who are currently experiencing, ACEs? 3) How are ECEs supported in assisting children who have, or who are currently experiencing, ACEs?

How Aware of ECEs of ACEs?

The following section provides an overview of participants’ awareness regarding ACEs. The majority of participants reflected on how they became aware of ACEs, stating that important factors in fostering awareness were living in small communities, parent and education communication and observing child behaviours. ECEs also discussed barriers to this awareness, stating that differing comfort levels of parents made it difficult to become aware of a child’s experiences. Parental boundaries related to how comfortable families were discussing their

previous experiences with ECEs. ECEs additionally discussed the view of the ECE profession, stating that since ECEs are not always viewed as professional, parents do not always confide in them as much as others (i.e. psychologists or social workers).

Location. As stated above, most participants worked for childcare centres in metropolitan areas whereas three worked for centres in rural communities. While discussing their centres location, ECEs mentioned their increased awareness of a child's early life experiences due to working in rural areas. When asked about her awareness of a child's early life experiences, one ECE mentioned that she felt she knew too much. Due to the small community, she felt that learning information about others was the norm.

“Because we're a small community, we probably know more than we want to know. Yeah and because we're a small community and because you know, I watch the staff take the time to get to know the parents, we don't—like it's against the rules to go to birthday parties, those types of things but families share quite a bit and being in a small community even if the families not sharin [sic¹], you see it and you know everything, so.”

Two additional ECEs shared their experiences with working in a rural community and how that influenced their awareness of children's experiences. They also spoke to how being in a smaller community aided in making relationships and genuine connections with families.

“...many of our families are someway somehow connected to the community so the majority of those families come from the community have a history with the daycare so we are, now looking after the grandchildren of the children that came here and they came because of their experience.”

“I've always you know made them [families], you know this is a great place I've been here for a long time and let—you know make them aware of the low turnover in staff cause I mean that says something for a daycare when you have low turnover people have been here, since Christ was born really [laughing] no I'm just joking but no they come

¹ Some quotes throughout the results include [sic]. If a person talked in a way that was not grammatically correct, [sic] was typed immediately after the error to indicate it's actually what the participant said rather than an error in transcription.

and they stay and that something about the place, right? So, you know and I think that once parents see that, they feel more comfortable, right?"

Educators in rural areas spoke to their strong sense of community, making it easier to create genuine and trusting relationships, aiding in a safe place for families to be comfortable discussing their home life. Along with having a sense of community, most participants discussed the importance of communication. ECEs discussed how communication was one of the most important components when creating lasting relationships with families.

"you try to be open and there to build those relationships so then when things are happening then they might feel comfortable or they might you know if they're not sharing more at least they might be able to say "it's just a rough day" you know they might not say exactly what happened but you know but as they learn to trust you and if you're building that relationship outside of the children but with the families as well they know they're welcome they know they're you know they're not judged they know that they have that support."

"when a family comes in we try to spend a lot of time trying to get to know the family and getting them comfortable to talk to us about everything you know like when they come in that you know how did your child sleep we encourage families to come in when they're first starting we encourage families to stay as long as they like um so that they are comfortable because they're comfortable leaving their baby then the baby is typically a lot more comfortable being with us. And the transition into child care is I mean that alone is a traumatic experience."

Communication. Most ECE and family communication seemed to happen during drop-off and pick-up times. When asked about topics of discussion, ECEs said they regularly talked about how the child's morning was or how their evening was the night before. Educators said that those daily conversations gave them insight into how the child would be throughout the day. At pick up times, educators said they often discussed how the child's day went, if there were any accidents, what they ate for lunch and any accomplishments that may have occurred.

"...it's mostly like how's the day going? That's typically where we start cause I mean we like to get as much information as we possibly can and I think sometimes families forget

that like they didn't sleep well last night or wouldn't eat breakfast today or watch brother have a meltdown or those types of things affect a child's start to their day so we like to check in as much as we possibly can about that type of stuff."

The discussion around communication led to an even bigger one surrounding the comfort level of families. Educators said their awareness of a child's early life experiences depended on how comfortable the families were with them and what kind of relationships they had. One educator said that she was familiar with most of the children's early life experiences, but also reflected that there were some she knew nothing about.

"Well a lot of the times they don't want to indulge too much information they—if there child just started here they don't know us all that well and maybe once they get to know us maybe they'd feel more comfortable talking to us about it and all we can do is be open to conversation if they want to talk or and the parents know that we're—definitely there and two others are always there at the end of the day and we will the time where we can talk like in a quiet room like this."

Educators often said that some families were open to communication while others were more reserved. Sometimes educators attributed this to personality, saying that not all families are the same. Other educators stated that it was important to develop relationships with families, further discussing the importance of making families feel welcome and valued. Educators felt that it was easier for educators to get a sense of a child's experiences when families were more open to communicating, but they were also respectful of the differing boundaries set by families.

"we try we are we're not judgemental here right? Like it's I had a parent drop off today and this is just a funny little thing but say "I forgot to wash the stain out of their hair last night like don't judge" and we're like, "I'm covered in—" [laughing] it doesn't, that's totally fine like we try to make sure that we—there's no judgement whatsoever about any of that stuff."

"So I had a child her mom had a breast cancer and she was just diagnosed and she didn't really tell anybody because that's her personality so she was not really open or a chatty person at all right but she was very respectful for all of us but she didn't really want to open that up but then this child was talking to me—started talking like talking

about “oh mommy has cancer so that’s why she has to cut her breast” and things like that right? so I waited, I waited for mom to say something but then she didn’t—it took probably almost like three months and then after the surgery her husband is more open so he shared that to me. So, I shared my experience and said “actually [the child] has been talking about it from three months ago” so I was wondering about it but I didn’t really want to ask.”

Child Behaviours. Aside from parents and ECE communication, educators spoke to the way children express their experiences. A few educators discussed how their awareness comes through watching children’s play, as early experiences often showed themselves through children’s exploratory experiences. Additionally, educators said that children communicate with each other daily, whether that be through play or just talking at the snack table. Overall, ECEs often became aware of early life experiences was through the children themselves.

“I have some children like after attended to the funeral of their like grandparent or grandpa or mom they just started—this boy started just playing dead I didn’t know what it was at first right? But they were building blocks—he was building blocks and this girl—I think that was there as playmates together and they were building blocks around and then they were just laying down and just playing dead, right? They didn’t move, at all. So, I was yeah, I had no idea and I asked them “what are you guys doing?” That’s what he said like “we are playing dead, cause we’re dead so we’re not gonna talk”, so that play kinda extended.”

“Most often I see a teacher taking a child over there so the other children can’t hear what happened or in play what are they talking about with one another? “Daddy hit mummy”, “we don’t have food in our house”, “I have to go to nannies house”, like we’re hearing that but then they’re taking that trauma and putting it on another child because then that child goes home and tells mummy “so and so told me that their daddy hit them, will my daddy hit you?” or whatever, so it’s a full circle.

Along with child to child communication, child behaviour was another way that gave ECEs insight into early life experiences. Often, ECEs would suspect something was going on in. child’s environment due to challenging behaviours displayed at the centre. ECEs spoke to their difficulty

while approaching challenging behaviour, especially if they suspected it to be from early life experiences.

“it’s typically like it’s typically that behavioural right? Its, and not only like physical behaviour but emotional right? Like the emotional development of it, we feel like we’re you know we’re doing all that we can, all that we know, but it may always be enough, if that makes sense.”

“...children [laughing] have like an invisible backpack so what they have at home was coming with them so you know their parents had a fight this morning then they might come in already a little stressed or if dad walked out last night or you know maybe they had too much TV or mom’s really anxious so sometimes that impacts their behaviour or their feelings or just how they’re focusing that day so I think it impacts them in a big way.”

“we’ve had a few children that we’ve literally have been here since they were two and go off to school we’re just like we felt like we didn’t give them all they—we could have, in that area behaviour wise because of where they have come from. I mean we do our best, love, support, structure but you know, sometimes there’s more that’s needed.”

“we’ve had you know when I worked with juniors there was a family they had twins and they were never really together and you could tell with them coming in sometimes they would be coming in just hysterical and screaming and you knew that like and the mom would say you know like you know dad came over for a visit and between the mum and the dad you could tell there was a lot of stress.”

Barriers to Awareness. While speaking to their awareness of ACEs, educators also spoke to barriers. As stated above, the comfort level of families was sometimes viewed as an obstacle. Although educators often respected these boundaries, it made it more difficult to understand a child's behaviours when unaware of their experiences. This led into a discussion around stigma and how families may feel when discussing a child's previous life experiences, especially if it includes those that are unfavourable. One educator spoke about a family whose child came from foster care. Due to this, educators felt that it was difficult for his parents to open up.

“And its stuff that could've yeah its just been kind of gradually and I don't know if that comes from the parents not having all the info or not understanding all the info at the time and now just kind of getting it, or not wanting us to maybe peg their child you know what I mean by that? Because there's a lot of stigma that goes with that stuff too right? So, I don't know if it was just the parents, I don't know.”

“Certain parents that may have like you said whether there was experience in the home or whether the parents are trying to protect the child by not disclosing that information, you know and sometimes parents just don't want there to seem like there's anything wrong, right? Sometimes its hard and parents take things personally sometimes and—and that can be tricky too. Right?”

Another barrier to awareness centered on educator's experience with ACEs. One educator spoke to the difficulty she experienced with educators coming into the field without prior ACE experience. She mentioned that due to this, some educators think of the worst-case scenario when learning about a child's early life experiences. This educator gave the example of poverty, stating that an educator wanted to immediately call child protection services when a child said they did not have dinner the night before.

“I've seen some young students come in that have never had to endure that and right away the minute they hear oh mum doesn't have food in the house, I need to call child protection right away okay well why would you wanna put that trauma on that family how about we talk to mum because hey we have a food bank down the road that we could help mum go to so there are things that, you don't have to jump to that phone call right away, you need to look and pull the tools that you have in resource, tool box and say okay hey mum did you know this services was available.”

Educators also discussed the view of their profession and how that attributed to their capacity to support ACEs. A few educators mentioned that sometimes their work was not viewed as professional. They said this may be why families tend to keep quiet about ACE experiences or why they have limited supports. One educator mentioned that it makes families feel more comfortable when there is a professional to help support early trauma.

“...it becomes tricky because it’s like we can only do so much too we can only try and develop those connections with families, try to ask them for meetings as many times as we can, but if they’re not willing to do it then what do we do? And sometimes just unfortunately in our profession we’re not always seen as professionals so sometimes just having that other person—hey this person specializes in this they’re gonna, you know what I mean? That sometimes just helps I know that sounds silly but it’s true, unfortunately.”

How are ECEs currently supporting children who may have, or who are currently experiencing, ACEs?

The following section describes how ECEs are currently supporting children who have experienced ACEs. ECEs mentioned that creating both supportive relationships and environments for children and parents was crucial in supporting children. ECEs felt that this meant creating relationships surrounding love and perseverance. Creating supportive environments was described as creating a space with consistent routines, clear expectations and a welcoming environment.

Supportive relationships. Educators reflected on their use of relationships, explaining that forming strong relationships was one of the main avenues used in supporting children who have experienced ACEs. Barriers to creating these relationships were also described by participants, as participants spoke to challenges forming these relationships. ECEs spoke about attachment behaviours and how it was sometimes difficult to form relationships with children due to ACEs. Additionally, showing a child love was one of the most important ways to form supportive relationships.

Trust. ECEs spoke to the importance of supporting children through relationships. In the beginning, ECEs discussed difficulties when creating relationships with children who have experienced ACEs. Due to the possibility of unstable relationships, educators suggested that it

was sometimes hard for children to trust adult figures. One ECE talked about a child's lack of trust in her due to previous experiences.

"Initially, I found they would—they would test more you know try to push you away you'd have more—I found you had more behaviours you know more aggression perhaps more you know destruction from them or you know, yeah and it's almost like they're testing like you know okay, you know for the abandonment, attachment type of thing you know it's like "are you gonna go? Let's see what I can do to make you go and if you're not gonna go then okay you're here, so."

Another educator reflected on a time when a child adapted her experiences. She explained that one child lived in an environment where people would come and go. She noticed that due to her experience with inconsistency, she assumed the educator would provide the same experience. She then added that it was difficult to form relationships with children who had inconsistent relationships, adding that gaining trust from children was crucial.

"...like they might if you know if it's a—again with if somebody had left in the family then they might not want to build a relationship with the adult because you're probably just gonna leave you know or if somebody is in their family always telling them that they're not good enough then they might that you feel that they're not good enough so yeah, they need to trust you."

"...you know depending on what the trauma is or you know like the one that I have or one of the ones I have you know lost her mum at a very early age and so you know she had some abandonment issues you know what I mean? You know when a staff went away on vacation it was like oh my god are they gone or what is going on? Like so you know when they form a bond you have to work hard to get that bond and once you've gotten that bond, you know, then you can't—you can't mess it up like you've gotta because it just makes such an impact on them."

Love. When asked about what steps were taken when challenges were encountered, ECEs discussed the importance of showing love. Ultimately, letting children know they were valued and supported was described as one of the most important components of forming supportive relationships. Educators reflected on their experiences and said that regardless of behaviours or

experiences, it was important to continue to show a child love and affection. Another educator described that sometimes, love is all it takes.

“Yeah I mean they gotta if you know you’ve got someone that loves you regardless, somebody that’s there for you, somebodies that’s gonna support you somebody that’s gonna have your back, it’s just that one person. You don’t need a whole team, just one person to show that “hey, I’m here” and you can come to me about anything.”

“But I feel like always—always the first one is like you have to give tremendous love to this child no matter what, that’s number one because this child now doesn’t really trust anybody, he doesn’t like anybody, right? That’s why he doesn’t care but if—if you get that trust and love from the child they want to impress you, right? They want to come to you and they want to listen to you right? So, so I think yeah whenever I get those like behaviour I don’t really know what’s happening sometimes right? And some behaviours are really tough right? And—and I try to yeah I try to focus on that first I need to—I need to really have him you know into my team.”

“I try my best that I can give any kind of comfort to them and I’m trying to be the figure that they could trust and I’m telling them like I love you and I will always try to help you—you know that’s what im going to do, you can trust me so I am having those conversations cause verbalizing your thought is important when somebody is doing that.”

The majority of ECEs said that although creating relationships could be challenging, it was crucial for them to continue trying. ECEs indicated that they felt that creating strong relationships helped children open up. ECEs felt that it was important to be aware of the child’s experiences and, regardless of behaviour, continue to show that child love and support. One educator spoke to the result of her ongoing support, saying that once children knew they could trust her, behaviours changed. Another educator mentioned that if she knew the child was going through a difficult time, they always provided extra support in order to make them feel comfortable, which usually resulted in more hugs and kisses throughout the day.

“So at the beginning its very—it’s difficult but once they trust you? And they saw that you are not a person whose going to make something for them, but the opposite then yeah they are like, it’s sad but they are like “oh you are my support” and “you can save me” that’s how they feel and they say “no I don’t wanna go home can you take me home? Can

you take me to your home? And “oh my goodness, I wish I could, but I cannot” and yeah, yeah so after that point, yeah they are like they love you.”

“Oh I think it’s the most important, right developing those connections and that trust and that respect and—and I think that that’s where we do really really good I mean—not to beep my own horn but I feel like we do do that it’s our most important part of the children is that right and our relationships mean everything to us with the children but sometimes it’s—you still need more, you need more support.”

“we would really pay attention to their behaviour and give them lots of snuggles or whatever they want or cause a lot of them like I’m in the room with the little wee ones they can be 18 months or they can be two when they can’t always express but we can just be there for them and give them lots of snuggles.”

Supportive environments. Creating a supportive environment was seen as a key method in supporting children experiencing ACEs. This section explores ECEs discussing the importance of consistent routines, clear expectations and having a welcoming environment for not only children, but families as well.

Consistent routines and clear expectations. Although creating relationships was important, ECEs additionally found it crucial to create an environment where these relationships could develop and grow. Multiple ECEs mentioned the importance of having consistent routines and clear expectations when it came to the classroom environment, explaining that it creates a space where children know what to expect and what is expected of them, leading to a decrease in anxiety.

“I think that structure is really important too for children that have experienced trauma and that is something that we definitely provide here and consistency like we’re very—we try to be as consistent as we can across the staff like we’re very—we’re very good at communicating like plans and things like that so we try to develop those like positive support plans and stuff and they’re written up they’re communicated so that we all follow the same to try and like diminish that stress as much as we can cause I think that’s a really—a really big one for a lot of kids now stress and anxiety.”

Another educator reflected on her experience creating consistent routines. She explained that it was important to provide consistent environments to children who may be having inconsistent

home environments. The educator further described that she used a consistent routine to support the child when they were experiencing difficulty. Another educator similarly described having clear expectations and consistent routines was usually a foundation for further support.

“I mean a separation is fairly significant obviously and so its just maintaining like a really good solid routine with these children and making sure that they know they’re safe. but also making sure that the families know that they are safe. Sometimes [the children] are better here because we have that really solid routine in place and it’s sort of outside of everything that lets them sort of have a little break too so.”

“I think just having a consistent routine you know to give them clear expectations to let them know you know—gives them a sense of comfort or security you know so they know what to expect I think education is a big thing for ECEs, if you don’t know how to deal with it you can’t deal with it like and trial and error sometimes doesn’t work and everything is trial and error but at some point a trial and error—you can’t do trial and error with some of these children. Right? Like you have to have a good foundation to start with so they know, yeah.”

Welcoming environments. In addition to children, creating supportive environments for families was discussed, as creating safe environments for families was seen as crucial for adequately supporting children. Educators spoke to creating welcome environments for both children and families, making sure families felt comfortable with them and the centre. Inviting families into the space was discussed as a useful approach in forming these relationships. One educator mentioned that if educators do not have a supportive relationship with the families, they cannot have a supportive relationship with the children.

“Yeah that’s the hard part, in my experience. Yeah and well on the other hand for families it’s the other way, they never talk about, they think that probably you are going to judge them. And you just want to help, you want to help the child you wanna help them and you wanna try to make their life better and you know for that you need the family, you can’t do it without them”

“...we let the parents know that they are welcome to come at anytime we have—you know they can drop in at some centres you know you’re not allowed to drop in to visit um and actually like for example right now we have a mum this is her second baby with us and she comes in every day to nurse and she’ll call—she’ll call just to make sure her daughter is awake and if she’s not awake then we’ll call when she wakes up so she knows

so you know she typically spends an hour through the day and then especially with families when they're first starting with child care you know we will call them and let them know you know the first time we got the baby to sleep they have our phone number so they're more—they're more than welcome to call at any time"

"we just always welcome the families in our room and then a lot of times grandparents like to come to to see and you know we just make sure that the environment is very welcoming and anytime they have a concern about anything if they wanna know anything we're doing we always encourage families to talk to us and we try to be quite flexible with everything so that the family settles"

How are ECEs supported in assisting children who have, or who are currently experiencing, ACEs?

The following section describes the third and final themes. ECEs spoke to their community's ability to support them when working with children who have experienced ACEs. ECEs spoke to the limited professional development opportunities available to learn more about ACEs. There were also limited opportunities to support educators who have also been through ACEs, making it difficult for them to adequately support children. Additionally, educators spoke to the need for increased resources such as knowing where to go for support and receiving specific training regarding ACEs. Some educators said that they do what they can in order to support children, but sometimes, it isn't enough.

Community of support. In addition to supporting children and families with ACEs, educators were asked about how they themselves were supported. Educators discussed their community's capacity to support them and the families within their community, mentioning family resource centres or casual professional development opportunities. The majority of ECEs spoke to the lack of supports available to them and the need for more resources in order to support children experiencing ACEs.

Professional development. ECEs were asked if there were any professional development opportunities available on the topic of ACEs. When asked about professional development opportunities, most educators spoke to the childcare director's role in passing along this information. Directors would usually email or send out a list of potential opportunities, and ECEs would further choose which sessions were of interest. In other words, educators usually attended events that seemed most relatable to them and their practice. One ECE discussed her process of choosing which professional development opportunities to attend.

"I mean we're required to do 30 hours across three years so you basically just pick things that are of interest to you. So, our director _____ (Child Care Directors Name) will just provide us information she receives about upcoming workshops and then we are required—responsible for making sure we have those hours and that we pick workshops that we feel like are relevant to us or the centre or our classroom or that type of stuff."

When asked about professional development in relation to ACEs, the majority of ECEs described there to be limited opportunities. Although limited, ECEs seemed to view an increase of professional development in relation to trauma and early childhood mental health.

"Um [sighs] not a lot that I see. There has been a few that I have found have started to come out more so around like the mental health stuff in young children which is fabulous to see because I do find there is a gap there for us as ECEs about that type of area so it is nice to see that but I would say the majority of them are around like play, autism, loose parts those types of things not so much around childhood you know what I mean?"

"I've definitely been seeing more I know that they have the conference now and each year I think it's just been the last two years or three the social emotional one through the association of child care and then I know there's some online that you can—and I find the education webinars as well there's often there seems to be more coming up about the trauma and about things like that."

When asked about why there seemed to be more professional development, one educator explained that the sector is becoming more aware of the importance of social emotional skills and the impact of early childhood experiences. Another educator spoke to the role of her director

at the centre. The director had a strong interest in ACEs and early childhood trauma, therefore, she actively looked for any opportunities available for her staff to learn more.

“I think they’re becoming more aware of how important the social emotional skills are where it used—where it might be more focus on those academic especially you know and even more importance of early childhood in general and how the—even things that happen in the womb I know I’ve read about can effect when you’re five you know so I think learning more about that they wanna show that it’s how important it is and different ways to supporting.”

“...it seems to be more so you know the last couple of years _____ (Child Care Directors Name) really sends different workshops and things like that and has a lot of people in like _____ (Doctors Name) has been here you know, so a little bit I’d say maybe within the last five years more so, yeah and maybe because of more awareness of mental health, I mean cause that was hidden in the past on what you could talk about and things like that right? But I think with that being more open, we’re seeing and you know we’ve got to find ways to help these little ones.”

Knowing where to go. In addition to professional development, educators spoke to the need for resources and knowing where to go. Educators described that they often looked to other professions for support (i.e. psychologists or social workers). Educators referred to these professions as “experts”, saying that knowing who to call was something they needed when supporting children with ACEs.

“so I really I would be happy to meet those experts, so that, they could help us, those kinds of traumas or situations and what kind of things you can do or you can support family or child, so there will be more supports and experts other than ECEs I mean we are the front lines but once like we are—we can see there are something going on in this family then we want to have somebody working on those as a team right?”

Additionally, educators spoke to their role and fear of liability. Many educators said that since they were not trained in supporting trauma, they did not want to be held liable for giving advice or information that may be incorrect. Many educators said it would be helpful to have contacts who specialized in trauma or ACEs, further suppling them with the information they need.

“There’s a lot of you know especially with the programs theres a lot of people because we’re not—you know we’re not psychologists so just finding resources if the parent needs helps finding resources so that—and quite often like I’ll look stuff up and say you know they have this great program at the IWK and dealing with a lot of stuff I’ve called the IWK like if a child’s not eating properly or you know encouraging families to you know go to talk to somebody um we do have a few doctors that are parents here and we’ve spoken with them you know we have this family you know do you have any recommendation or could you suggest somebody that they could talk to so”

“but like I said it doesn’t always work sometimes there’s more going on there and we just can’t always meet the mean and I do wish that there was just like a psychologists the OT’s all those things that could come in and just observe from another, right? Another state of point, a behaviour specialist somebody [laughing] somebody! Anybody! [laughing] and not only for us but for the families too cause like I said it’s hard for—for them too there’s not a lot of support for them either and in the family that I kinda mentioned that the child did have some—a lot of trauma in their early years they’re just now kinda getting some support cause it’s like once you’re adopted you—you say goodbye to all of that stuff really which is ridiculous, um yeah.”

“I think just a contact, somebody that deals with—with that right? That specializes in it that is—that is able to, to come in and whose able to provide support for family and for us when it does get a bit difficult and when we feel like we’re not figuring out how to exactly how to support the child and it’s typically like it’s typically that behavioural right its and not only like physical behaviour but emotional right like the emotional development of it, we feel like we’re you know we’re doing all that we can, all that we know, but it may always be enough, if that makes sense.”

Educators discussed the importance of combining their knowledge with other professions in order to work together as a team. One educator spoke to her experiences working with a community resource centre. She felt that in this way, she was able to direct families to the supports they needed. She further mentioned that although she was aware of this resource, other educators at the centre were not. Another educator mentioned that she looked up resources on her own time to help support families in need. Additionally, other educators reflected on using teamwork with other professions to combine the necessary knowledge needed in order to support children experiencing ACEs.

“there’s a few mums that I know there single mums, they’re struggling in relationships and they’ll come in and the child might have said something the day before so I’ll have

to—I'll say it to them and they'll say—and they like they open up they tell me a lot of sometimes things that I don't wanna know but then it's okay so what do I do with that information, how do I help them? I can give them advice as far as okay you know what I think you should go here or there whatever, and, then I think okay so when they're talking to the staff and staff come to me and say so and so said to this I don't know what to tell them, I often say to them, you know we have a family resource centre that you can refer them to we have programs there like parenting home visiting programs, parenting workshops theres an abundance of things and I don't even hear at this daycare, all the staff don't know the value of our family resource."

"So every child is unique and every situation is unique and you are like sometimes you feel like oh you can take this much but sometime you feel like its too much so I really I would be happy to meet those experts, so that, they could help us, those kinds of traumas or situations and what kind of things you can do or you can support family or child, so there will be more supports and experts other than ECEs I mean we are the front lines but once like we are—we can see there are something going on in this family then we want to have somebody working on those as a team right?"

"I'm not sure [pause] I'm not sure what's out there and the way our health system is I'm not sure how easily its gotten, I think to compile a database that I could look at a parent whose going through an abusive relationships and is getting out of it or something like that and or—or is in one I think to have some sort of a book or some sort a reference that you can go to and said "hey look, I know you're going through a rough time but try these" you know we can support you as much as we can but try this."

Doing what you can. In order to create a supportive environment, educators said that sometimes there was only so much they could do without adequate supports. Some educators reflected on instances of poverty and said that they could only provide children with an abundance of care before they returned home. One educator said that if she knew the family struggled financially, she would supply the child with more food at snack or lunch time.

"I think you can do the best for that child that you can do at the centre. Do you know like if it's—if it's a poverty situation where you're worried they're not gonna get enough supper at night or for whatever reason they're immigrants and they've got a large family living at home and only minimal income then make sure they get enough through the day, to sustain them. Where I guess the two thirds of them the nutrition at the centre falls into place you know the nutrition regulations. I mean you can only do the best you can do you can't follow them home."

"for us when it does get a bit difficult and when we feel like we're not figuring out how to exactly how to support the child and it's typically like it's typically that behavioural right its and not only like physical behaviour but emotional right like the emotional

development of it, we feel like we're you know we're doing all that we can, all that we know, but it may always be enough, if that makes sense."

Training for trauma. In relation to supports, educators mentioned the need for specific training in the field of trauma and ACEs. ECEs agreed that specific ACE training would be both useful and helpful in the early childhood education profession. Educators said that there were limited opportunities to receive training specific to ACEs. One educator mentioned that she would like to see modules available for educators to learn about trauma-informed care.

"you're working with young children and these are some of the things are gonna come up, and theres nowhere you can go for the support you need, even through education like as we're getting our training in school no matter if its university or if its college, having a module where—or part of a curriculum. Let it be okay, just simply all about trauma-informed and these are the people that you can go to to help you understand"

"So, here's the best example when a child loses a parent, whether it be, we had a child recently lose her mum to cancer, we don't have the proper training to be able to know what to say to the child so we're on the phone calling people to say "okay well what do we say", in this situation it was a couple of years ago dad was very open to say "she's gonna say this, these are the things were telling her at home here's some books that the doctors gave us" so we've had an experience somewhat but its happening more and more, mums gone to the hospital, mums not well and cause we're looking at a lot of different mental health situations, so what do we as teachers tell the kids, sometimes its honestly you kinda just try and ignore it and hope that it goes away because I don't know what to do, and is there anything out there? No."

Additionally, a few educators discussed their lack of knowledge supporting children who had a different cultural background. In relation to training, two educators requested there to be more training available for knowing how to support newcomers or immigrant families.

"Well, to be honest right now particularly with the Syrian families that just came here I know that there are children that suffered some significant trauma and honestly im not sure if I would feel that I would have the tool necessary to—to benefit that child fully so I think particularly with that children's new to Canada having resources available would be really nice."

"a lot of like new Canadians I think is something that should you know in terms of trauma we don't know what they've encountered and then a lot of times their coming with

you know English is their second language but sometimes it's not even their second language they have no understanding so I think it's a really good area to be looking at."

"I talked about the seasoned teachers like what is there to help them as far as going out for training to understand cultural and diversity and trauma so those are big things that we're seeing within our centres now, and an example just a few weeks ago my grandson was attending daycare and he was called the n word, the teachers didn't know what to do with that and it was—and I said to them it's not fault of yours to not know what to do because there's nothing out there to help you and I think sometimes we have—as ECEs we have to understand that im not goin for a workshop just because I need the hours I wanna go to a workshop because I need to learn some new knowledge and what are people doing today"

ACEs of educators. Supporting the educators themselves was also a topic discussed by ECEs. Two ECEs reflected on the fact that aside from children, ECEs may also have experienced ACEs. This could then create a difficult environment for ECEs when trying to deal with their own past experiences. Two educators discussed educators' previous ACE experiences and how that influenced their ability to support children.

"you gotta give them that space and come back to it to say okay what more can we do and then we also have to understand that our staff have once been children our staff have gone through things and what happens when you get that little boy or girl that's looking in that teachers eyes and saying "my mum hit me" that staff may have a flashback but then hey, she knows she can pick the phone up, make that phone call to child protection but then its left at that, nobody's coming back to say hey we took care of little _____ (child's name) she's okay, things are going to be okay, mums getting the help that she needs, none of that is there, so."

In relation to this, one educator discussed the importance of self-care within the centre, saying that as professionals, ECEs have to look out for one another. She discussed the importance of supporting not only families and children but supporting the educators themselves. This could include small things such as grabbing a coffee or going for a walk.

"we do things around the centre for self-care, and it, what does self-care look like here? Sometimes it could be a little game and you could win a prize with a bath bomb or something or we'll give you a gift card for coffees or whatever, cause we're trying to

promote the self-care but then it gets to the point where even that's not enough, you can keep do do do and give give give, but you're not actually helping with the situation."

One educator viewed herself as a support system for her staff. Since she was the director of the childcare centre, she felt a sense of responsibility to help support her staff when they were having trouble. Furthermore, this same educator talked about the current shortage of ECEs in Nova Scotia, saying that it was difficult to give educators the space and support they needed due to staffing shortages.

"When something happens and staff are coming and they're crying, I can be that solid person at the moment to say "you know what, it's okay we can get through this, if you need to walk away for a few minutes or hey come on lets go get a coffee" I can give them that support... you know "hey I gotchu, im with you through this" so I think it takes it would some good leaders in society to give their staff the support that they need"

"As an ECE I get sick time and I get vacation and all of a sudden something horrible happens in my life, we're not supported good enough in that. What happens when educators use up all their sick time or vacation time? I don't have—the centre is not able to give us the support we need in a sense because "hey they're gonna be out of ratio if I take too much time." What if I know that teacher over there just lost someone and here is not the right place for her but she can't afford to take time off but I can't even afford to say to her you know what you go home for the rest of the day because there's a shortage of ECEs in our province."

Chapter 5

Discussion

The goal of this research study was to understand ECEs awareness and perceived support related to supporting children who are experiencing ACEs. The specific research questions were to identify: how aware are ECEs of ACEs? How are ECEs currently supporting children who may have, or who are currently experiencing, ACEs? How are ECEs supported in assisting children who have, or who are currently experiencing, ACEs? Semi-structured interviews with nine ECEs across the province of Nova Scotia provided insight into the above research questions, discussing the importance of awareness, perceived support and the factors that influence them. The following discussion section will take an in-depth look into the ECEs perceptions that help to answer the overall research questions. Bronfenbrenner's ecological systems theory will be used to discuss both the results and its relationship and contribution to previous literature. Bronfenbrenner's ecological systems theory acknowledges five subthemes that interact to influence an individual's behaviour, in this case, how educators are supporting children experiencing ACEs. An adapted visual representation of the ecological model within this research is presented in Figure 1 below.

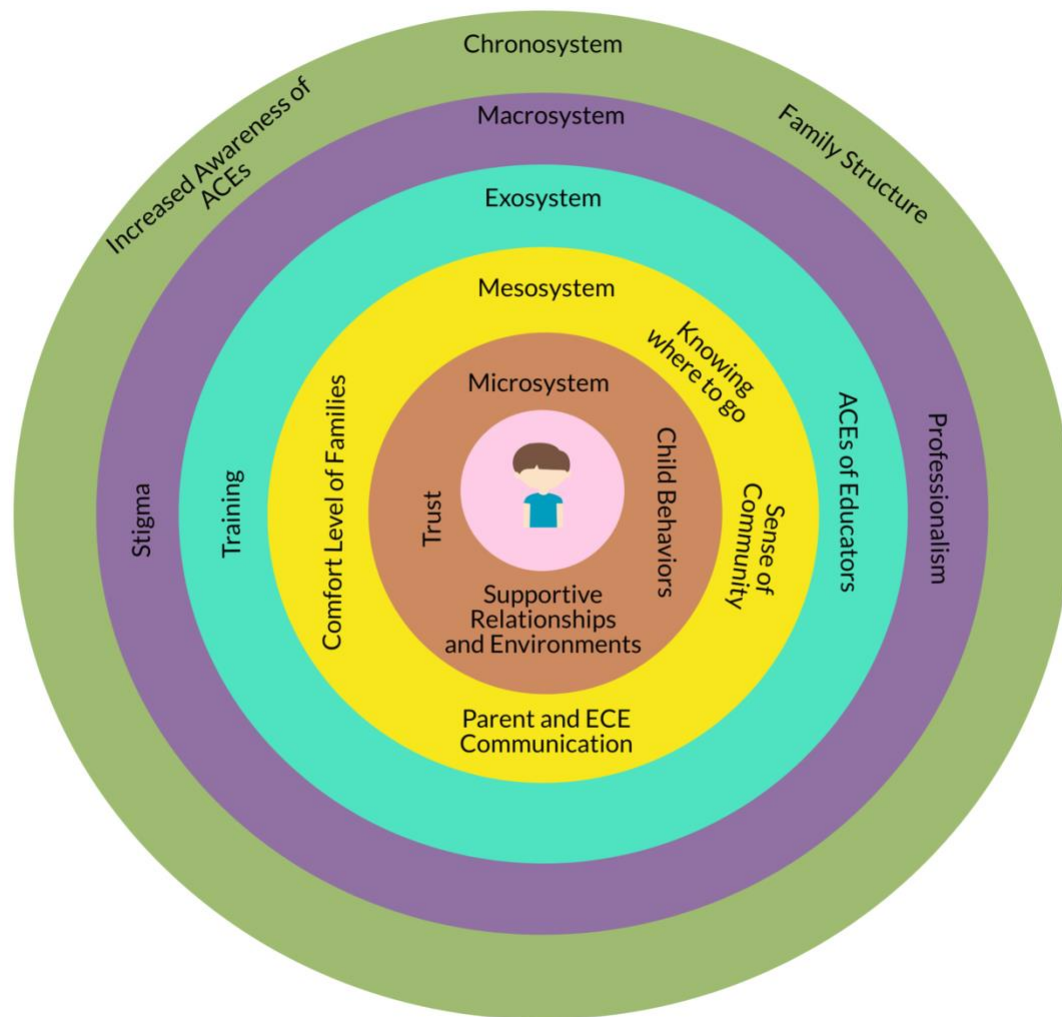


Figure 1: Adapted version of Bronfenbrenner's ecological systems theory

Microsystem

The microsystem, as defined by Bronfenbrenner (1979), is the smallest and most immediate environment in which children live. The microsystem comprises of the daily home, school or daycare, peer group and community environment of the child. Interactions within the microsystem typically involve personal relationships with family members, classmates, teachers

and caregivers. The interactions between these groups or individuals interact with the children and impact overall development. For this research study, the identified microsystem involves the child's home and early childhood education environments, which include their families, the ECEs at the regulated childcare centres and their surrounding physical environment.

Trust. One of the main ways that educators became aware of ACEs was through a child's ability to form relationships. Educators in this study discussed how situations early life experiences often impacted a child's behaviour in the centre. Past research suggests that most ACEs are experienced in a child's immediate environment, such as home settings, resulting in a lack of impulse control and behavioural difficulties (Sciaraffa et al., 2018). In this study, educators discussed the increased difficulty when forming relationships with children who have previously experienced ACEs. As the previous literature review suggests, children experiencing ACEs are more likely to have difficulty trusting other caregivers. Examples of ACEs, such as negative caregiving experiences, parental separation and different levels of maltreatment have all been linked to difficult forming relationships (Grady et al., 2017). If a child's first initial attachment is untrusting, the child is more likely to have difficulty forming trusting relationships with future adults (Bowlby, 1973).

Child behaviours. In addition to trust, educators became aware of ACEs due to additional behaviours, such as challenging behaviours or assimilating their experiences through play. Previous research supports the notion that children often re-enact their previous experiences (Scheeringa, 2011). Play is a child's natural medium for self-expression through which they can express their feelings, thoughts, fears and conflicts as well as develop self-awareness and self-esteem (Cooper, 2000). One educator discussed her experience watching a child play out his grandfather's funeral, using blocks to create a 'casket like' structure, where he

and another child lay still inside. The educator said that she viewed this situation as a positive, stating that the child was able to work through his thoughts and experiences through play.

Research has suggested that using play as a means to express previous experiences is helpful (Agarwal & Ray, 2019; Anderson & Gedo, 2013). For example, creating environments where children can express themselves through play are strategies used by clinicians such as psychologists, occupational therapists and doctors to support children through traumatic experiences (Agarwal & Ray, 2019; Danger & Landreth, 2005). Some play approaches use non-directive, nurturing play environments and relationships to help children play out their emotional experiences (Ashiabi, 2007; Capo, Espinoza, Khadam-Hir, & Paz, 2019; Cooper, 2000; Leung, 2015). Research suggests that creating environments for expressive play are commonly reported to be effective for children aged between 3-12 years old. Expressive play can be defined as a natural function of childhood development, referring to the child's immersion in imaginary worlds including settings, characters and dialogue (Farley & Whipple, 2017). Expressive play also refers to the use of a variety of non-verbal methods such as art, music, writing, and movement that assist individuals in expressing their feelings (Boyd, 2003). Multiple research studies have looked at the benefits of play in early childhood education (Ashiabi, 2007; Davis et al., 2010; Jordan, 1995; Leblanc & Ritchie, 2001; Leung, 2015). Therefore, re-enacting previous experiences may be a helpful way for children to express their experiences with trauma and/or ACEs. Future research could look at supporting ECEs in creating inclusive environments for play and responding in ways that are appropriate to the play situation that reflects a trauma-sensitive approach. As previous research suggests, encouraging play to express experiences can help promote resiliency in children who have experienced adversity (Agarwal & Ray, 2019). This can be further explained at an exosystem level, discussed in the below sections.

Supportive relationships and environments. Educators reflected that two of the main ways to support children experiencing ACEs were through supportive relationships and environments. This included ongoing efforts in creating a lasting relationship and providing love to a child regardless of experiences or behaviours. Educators additionally reflected on the importance of creating a supportive environment, including consistent routines and clear expectations to reduce child anxiety. Previous research supports the benefit of supporting children with positive relationships. Wertsch and Bronfenbrenner (2005) proposed that for a child to display resiliency, he or she needs at least one adult who deeply cares for them and provides support. Therefore, caring and skilled caregivers can help children feel physically and emotionally safe (Sciaraffa et al., 2018; Wertsch & Bronfenbrenner, 2005). Caregiving that is sensitive, responsive and full of positivity has been associated with higher emotional engagement, social competence, social development and a reduction in behaviour problems. (Mortensen & Barnett, 2016). This relates to the previous discussion regarding emotionally safe and supportive caregiving. A secure relationship between educators and children are crucial for children who have experienced trauma as it can provide additional support, providing a secure, consistent and stimulating environment, which are factors needed in creating a supportive environment (Halfon & Langford, 2015; Sciaraffa et al., 2018). Educators in this research agreed that creating both relationships and environments where children felt comfortable was a crucial way to support children with ACEs. One educator mentioned that sometimes, it does not take a whole team, just one person to let the child know they have someone on their side.

Along with supportive relationships, educators spoke to the importance of creating a supportive environment. Important components for coping with adversity are safe environments, predictable routines and exposure to interesting and stimulating activities (Bakken et al., 2017;

Campbell-Barr, 2017; Gomez, 2016; Sciaraffa et al., 2018). Educators agreed that providing an environment that was safe and predictable was a way to support children experiencing ACEs, speaking to the importance of consistent routines, clear expectations and creating an environment where children felt safe to play and develop. Although it was important to create relationships and environments that were supportive for children, it was equally important for educators to create these relationships and environments with the families as well. One educator said that in order to support the child, you need to support the family. The next section describes this in the form of Bronfenbrenner's mesosystem, giving insight into the importance of positive interactions among the components of a child's microsystem (i.e. ECEs and parents).

Mesosystem

Bronfenbrenner (1979) described the mesosystem as a system that encompasses the interactions among the different microsystems children find themselves in. It is a system of microsystems and includes connections between home and school, between peer groups and a child's family and between a child's family and community, etc. (Bronfenbrenner, 1977). The mesosystem for this research study includes the interactions between the children's parents and ECEs.

Parent and educator communication. Parental involvement in a child's education is a crucial element in early childhood education (Kurtulmus, 2016). Studies concerning parental involvement supported positive effects for child development (Arnold, Zeljo, Doctoroff, & Ortiz, 2008; Kurtulmus, 2016; Murray, McFarland-Piazza, & Harrison, 2015). In this study, educators spoke to the importance of communication and creating genuine connections with families at the centre. Making parents feel comfortable was a way to increase ECE and parent communication, helping ECEs become aware of a child's early life experiences. Educators discussed that most of

the communication between them and families occurred at drop off and pick up times, with parents providing insight into a child's morning or night before. Prior research has supported this understanding, stating that the highest frequency of communication between parents and childcare teachers occurs at the transition point, when parents drop their children off and pick them up (Reedy & McGrath, 2010). McGrath (2003) suggests that communication about the children and their activities is essential in maintaining trust between parents and the childcare centre. Even brief, daily interactions between parents and teachers at drop-off and pick-up times can aid in parent-teacher relationships (McGrath, 2003). The daily practice of touching base, even if it consisted of a simple "how are you?", established a rapport between parents and teachers. This rapport allowed for other conversations to take place between teachers and parents in a generally non-threatening manner (Reedy & McGrath, 2010). Additionally, past research has discussed the difficulty of receiving information at drop off and pick up times. Due to busy and hectic schedules, Perlman and Fletcher (2012) said that parents in their study only spent an average of 63 seconds in the classroom. Further, communication between staff and parents was limited, with staff providing child-related information to or receiving it from families approximately 15% of the time (Perlman & Fletcher, 2012). Although mentioned as an important time to gain information, parent and educator communication at drop off and pick up times may be limited, therefore resulting in a lack of information needed to adequately support a child's day.

Comfort level of families. Interpersonal communication between parents and educators can be complex. Educators and parents may not always communicate effectively due to busy schedules and limited time (Reedy & McGrath, 2010). Educators in this study further discussed that some parents felt more comfortable than others. This usually referred to parent's comfort

level in sharing experiences that happened outside of the centre. Educators in this study said that in order to support parent and educator communication, it was important to develop relationships with families, which could help them feel comfortable, welcomed and valued. Educators felt that it was easier to get a sense of a child's home environment when families were more open to communicating, but they were also respectful of the differing boundaries set by families and understood that it would take some families longer to open up. There is limited research surrounding early childhood education and parental boundaries, however, literature involving school environments suggest that there are many potential family, school, and child characteristics that may contribute to a family's contact and comfort level with teachers. Involvement patterns are likely to be lower if families have low socioeconomic status ethnic minority status, lower educational levels, and single-parent status (Arnold et al., 2008; Stormont, Herman, Reinke, David, & Goel, 2013). Previous research has suggested that trust, empathy and time are key enablers when forming relationships with families who are experiencing vulnerability or disadvantage (Roberts, 2017). Empathy, time and trust are at the core of all effective relationships, and generate a shared space for engagement and communication (Roberts, 2017). In this study, inviting families into the childcare space was discussed as a useful approach in forming these relationships. This usually referred to inviting families for meals, holding events for parents to attend or making families feel comfortable to drop into the centre whenever they pleased. Research supports having an open-door policy creates openness and approachability among parents (Davis et al., 2010). In David et al. (2010), having an open-door policy was seen as an important way for giving parents opportunities to seek help from staff, as well as begin to build a sense of belonging and community within the centre. Fostering openness

and approachability has been found to be a keyway that childcare centres can support families (Davis et al., 2010).

Sense of community. In this study, educators working in rural communities discussed their increased awareness of a child's early life experiences. Living in rural communities also aided in relationship making and creating an increased sense of comfort and trust. Previous research suggests that a level of trust and cohesion is felt among neighbours in rural settings (De Marco & Vernon-Feagans, 2013). Families in rural neighbourhoods experienced a stronger sense of community, solidarity and deeply shared values and identity (De Marco & Vernon-Feagans, 2013). In this study, being relatable aided in relationship building, but it also created a discussion around the difficulty educators may face when trying to support ACEs, when they have experienced ACEs themselves. This is explained later when the exosystem is discussed.

Knowing where to go. Educators in this study said that working together as a team with other professionals would make supporting children easier (i.e. social workers, psychologist). There is little research to support the use of inter-disciplinary teams in early childhood education settings, however, in other settings such as health care and social work, research suggests that interdisciplinary teams in ensuring effective care is important (Savage, Pearson, McDonald, Potoczny-Gray, & Marchese, 2001). Professionals and families who develop collaborative and inter-disciplinary models find that they can more effectively support children by carefully crafting plans for children's complex needs (Savage et al., 2001). In one study revolving around trauma-informed settings for early childhood education, mental health consultants were recruited among the ECE environment to support children and educators with supporting trauma (Holmes, Levy, Smith, Pinne, & Neese, 2015). Similarly, several community-based service providers suggested using a collaborative approach with families and other professionals was crucial for

supporting children (Holmes et al., 2015). Although educators agreed that they would like to know who to contact in order to support children experiencing ACEs, they also said that they would like training and professional development themselves around ACEs, helping them become aware of how to adequately support children in the ECE profession.

Exosystem

The exosystem pertains to connections between two or more settings, one of which may not contain the developing children but affect them indirectly. Based on the findings of Bronfenbrenner (1979), people and places that children may not directly interact with may still have an impact on their development. Such places and people may include the parents' workplaces, extended family members, and the neighborhood the children live in. For this research, the exosystem includes opportunities within the educator's community to support children (i.e. training, professional development) as well as how ECEs own experiences of ACEs can impact their ability to support children.

Training. Most educators said that they would like to see more opportunities to learn about ACEs and how to support children experiencing them. This usually related to an increase in professional development opportunities and specific training such as trauma-informed care. Although limited in Canada, American research suggests the usefulness of creating trauma-informed or trauma sensitive spaces for children in both school and early childhood settings (Alat, 2002; Cummings, Addante, Swindell, & Meadan, 2017; Fredrickson, 2019). Although trauma-informed care or trauma-sensitive environments may not always be the answer, educators reflected on the usefulness that it would bring. Additionally, educators spoke to professional development opportunities that are available to them and their profession. Most ECEs said that there were limited opportunities to learn about ACEs in the ECE community. Educators agreed

that having access to an increased amount of professional development revolving ACEs and trauma would be useful.

As stated above, facilitating opportunities for expressive play for children who have experienced ACEs can be beneficial. Research suggests that creating environments where children can play out their experiences can aid in displaying resiliency (Agarwal & Ray, 2019; Almeida & Angelo, 2001; Anderson & Gedo, 2013; Ashiabi, 2007; Bratton et al., 2013; Danger & Landreth, 2005; Kao & Liu, 2005; White et al., 1985). Capo (2019) speaks to this and addresses four pillars that provide comfort to children in the face of stressful events which include security, people, place, routine, and ritual. Within her discussion of ritual, Capo (2019) writes that for children, storytelling and play are often intertwined. It is while watching the child play that a teacher or parent gets a glimpse of what the child is thinking. Adults build and strengthen trusting relationships with children when they invite them to share the stories of their lives. In times of trauma, this was suggested to be even more important (Capo et al., 2019). Although not mentioned by educators in this study, creating environments where children can express their experiences through play may be a beneficial way for educators to support children experiencing ACEs.

ACEs of educators. In this research, educators discussed the importance of acknowledging the fact that educators themselves have experienced ACEs, making it difficult to support children. In this research, creating room for self-care and opportunities for educators to feel emotionally supported were important factors mentioned in order to support educators. There is minimal research surrounding ACEs of ECEs and how it impacts their ability to support children. Previous research in related fields, such as schools, suggest that teachers can be vulnerable to secondary stress due to their supportive role with students and potential exposure to

students experiences with traumas, violence, disasters or crisis (Hydon, Wong, Langley, Stein, & Kataoka, 2015). Caring for others who experience stressful events puts caregivers at risk for developing similar stress-related symptoms (*Secondary traumatic stress*, 1995). There is limited literature regarding ACEs experienced by ECEs, further making it difficult to support children. This research therefore provides a unique contribution to research regarding ACEs and early childhood education.

Macrosystem

The macrosystem is the fourth and outermost layer of the ecological model, it encompasses cultural and societal beliefs and programming that influence an individual's development. Examples of this would include gender norms or religious influence (Bronfenbrenner, 1979). For this current research, the macrosystem includes parental stigma and the ECE profession being viewed as nonprofessional.

Stigma. In this research, parental stigma acted as a barrier for parents as some did not feel comfortable opening up to educators. Educators said that this impacted both their communication and family relationships. Previous research suggests that the social processes of stigmatization and discrimination can have complex and devastating effect on the health and welfare of families and communities, and thus on the environments in which children live and grow (Nayar, Stangl, De Zaluondo, & Brady, 2014). Stigma is a concept that has been experienced by individuals for many years. Research suggests that an increased level of stigmatization is often felt by parents with children of diverse needs (i.e. intellectual disabilities, challenging behaviour) (Nayar et al., 2014). Some educators in this research mentioned that it was important to continue to create a trusting and judgement free environment where parents did not have to feel ashamed of previous life or home experiences. Although, despite efforts,

educators still seemed to encounter stigmas from families. As discussed above, educators in this study concluded that they would like to work together as team with other professionals to support children experiencing ACEs. This further led into a discussion around ECEs professional capacity to support children experiencing ACEs and the stigma that ECEs may experience in their field.

Professionalism. In this study, educators reflected on their work as not being viewed as professional. Research suggests that ECEs often devalue their own professional identity which may be due to a lack of confidence to what is perceived as professional (Harwood, Klopfer, Osanyin, & Vanderlee, 2013). A similar study in Ontario speaks to the view of ECEs as professionals compared to other individuals in the early education field; schoolteachers. The Full Day Kindergarten (FDK) program provides similar insight into the perceived professionalism of ECEs. Since 2010, early childhood education and care in Ontario implemented a universal, two-year FDK program for children aged four and five years. Within this program, Ontario's Ministry of Education mandated that all FDK classrooms consist of an Ontario certified teacher and registered early childhood educator, with both individuals sharing the same and equal amount of responsibilities (Halfon & Langford, 2015; Langford, Di Santo, Valeo, Underwood, & Lenis, 2018). Teachers often discussed their responsibilities in relation to implementing curriculum on a long-term daily basis. Compared to teachers, ECEs described their roles and responsibilities as more limited and with less clarity. In this FDK implementation, ECEs were viewed as "below" teachers, creating a power struggle. This research speaks to the split between the system of care and education, creating a power imbalance between ECEs and other professionals in the education field. In another study, care and education were seen as intertwined, with educators stating that in order to support the whole child, education and care

are one in the same (Sims, 2014). In Sims (2014) educators reflected on care as being part of a child's education. Participants in her study suggest that nurturing plays a major role in a child's learning and helps shape their view of the world and how they learn throughout their life (Sims, 2014). However, individuals working with young children, birth through age five, continue to strive for professional recognition (Martin, Meyer, Jones, Nelson, & Ling Ting, 2010).

The view of ECEs not being professional may impact how an educator feels about themselves within the field. Due to societal opinions regarding the nature of ECEs, they may find themselves experiencing negative perceptions towards their own profession. As mentioned above, ECEs often devalue their own work, which may be due to societal opinions regarding early childhood education as a profession (Harwood et al., 2013). Educators in this research often labelled other occupations as "professionals" such as psychologists, social workers or additional health professionals. They further stated that they would like to collaborate with these professionals in order to receive the information they need, rather than considering themselves as having the capacity to hold such information. The knowledge, expertise and responsiveness to a child's needs that ECEs have cannot be underestimated (Murray, 2018; Peisner-Feinberg, 2007); however, ECEs continue to experience low pay, lower training levels and poorer status than other occupations who work with children (Murray, 2018). Therefore, the stigma ECEs experience in the field may impact an educator view of their capability to support children experiencing ACEs. Although a team and interdisciplinary effort would be helpful, if educators are more adequately supported, they may not always have to reach out to others for support. Additionally, inter-disciplinary efforts need to include all around trust and support for all professions involved (Savage et al., 2001). Therefore, in order for an inter-disciplinary approach

to work, mutual respect among professions involved would need to be present, which may be a challenge due to general opinions regarding the ECE profession.

Chronosystem

The fifth and final tier of the ecological systems theory is the chronosystem.

Bronfenbrenner (1977) suggests that the chronosystem adds the useful dimension of time, which demonstrates the influence of both change and constancy in the children's environments. For this current research, the chronosystem includes family structure and increased awareness of ACEs.

Family structure. Family life in Canada has become increasingly diverse in relation to parental separation, ethnocultural background, immigration status, sexual orientation and diverse abilities (Vanier Institute, 2018). Out of the 9.8 million families participating in the 2016 Census, 66% of families included a married couple, 18% were living common-law and 16% were lone-parent families, diverse family structures that continuously evolve (Vanier Institute, 2018). Parental separation is one of the main ACEs classified by Felitti et al. (1998). According to the chronosystem, divorce can be viewed as a chronosystem factor. Divorce, as a major life transition, may affect not only the couple's relationship but also their children's behavior (Anderson, 2014). The years after parental separation reveal that the interaction within the family becomes more stable and agreeable. In this research, a few educators discussed the importance of maintaining consistent routines when a child's home environment may be shifting. Educators stated that parental separation was a large transition for children and previous research suggests the impact parental separation can have on a child, particularly during the first initial year (Atkeson, Forehand, & Rickard, 1982; Hughes et al., 2017; Hughes, Lowey, Quigg, & Bellis, 2016; Lange, Callinan, & Smith, 2019).

As stated previously, immigration has been added to the list of overall ACEs (Capo et al., 2019). According to the 2016 Census, 7,540,830 foreign-born individuals came to Canada through the immigration process, representing 21.9% of Canada's total population (Government of Canada, 2017). According to Statistic Canada's population projections, the proportion of Canada's foreign-born population could reach between 24.5% and 30.0% by 2036 (Government of Canada, 2017). Some educators in this research suggested the need for increased knowledge on how to support children immigrating to Canada. Due to the projected increase in immigration, the request for increased knowledge could be important to include in future training opportunities.

Increased awareness of ACEs. Although educators seemed inadequately supported in supporting children with ACEs in this research, a few educators said that education is changing. In this research, educators said that trauma and ACEs were not commonly discussed in the past. Recently, educators reported having more PD opportunities related to trauma and mental health for young children. In a similar study looking at PD opportunities for school teachers, classroom staff identified the desire for additional PD opportunities to effectively address the needs of students with previous trauma experiences (Anderson, Blitz, & Saastamoinen, 2015). When educators support children through a trauma lens, they are better equipped to provide the educational and social-emotional supports necessary to help children reach their full potential (Phifer & Hull, 2016). Therefore, increased opportunities to learn how to support children through a trauma-informed lens could help support resiliency in children experiencing ACEs (Fredrickson, 2019; Holmes et al., 2015). Although not heard by all participants in this research, some ECEs hope that there will continue to be more opportunities to learn how to support children going through ACEs.

Strengths and Limitations

The goal of this research study was to explore ECEs awareness and perceived support related to supporting children with ACEs in Nova Scotia. This research study followed a qualitative, constructivism approach, using semi-structured interviews with participants to allow insightful and open-ended discussions. The purpose of qualitative research is not to generalize but rather, it allowed for a more in-depth understanding of experiences. Utilizing a Qualitative Description approach was an appropriate choice for this research as it helped to answer the research questions by gaining in-depth experiences from ECEs.

For research to be trustworthy, readers have to feel faithful enough to act on and make decisions in line with it (Tracy, 2010). This research provided a thick description of the participants' discussions, including quotes throughout. The codes and themes were represented through the participants' thoughts and experiences, meaning the codes and themes were closely related to what the participant expressed in the interview. Rigor research involves descriptions and explanations that are rich and useful. For rigor, studies have to use sufficient and appropriate approaches to sampling, data collection and data analysis (Tracey, 2010). The researcher maintained an audit trail throughout data collection and analysis. This audit trail included reflections from the researcher after interviews, the coding and theming process and throughout the overall research process. The quality of the interviews outweighs the quantity as the aim was to gather rich and insightful information from participants, as they were the experts of their own experiences.

Nine educators chose to participate in this study through a semi-structured interview. Qualitative research is not designed to generate, but rather, gather unique narrative experiences of participants (Braun & Clarke, 2006). The researcher felt that they gained a sample of rich

experiences from the nine participants interviewed. The ECEs represented lived throughout Nova Scotia and represented rural, urban and minority, underserved communities throughout the province. The educators recruited had differing skill sets and experience within early childhood education, therefore the researcher felt that those recruited represented an adequate sample of ECEs to help answer and provide insight into the research questions. Given the importance of understanding multiple realities that exist among participants, it would have been beneficial to receive information from families on their experiences surrounding ACEs and early childhood education support. Multiple themes throughout this research revealed that educator and parental relationships are important when supporting children, however, these were from the perspectives of the ECEs. Having more educators represented would have added to the research as other educators who worked at different childcare centres may have had different experiences. Gaining insight from families would have added a more diverse representation of these educator and parental relationships.

Additionally, about half of the participants recruited seemed to have an awareness of early childhood trauma. This could have caused a biased sample, since these participants may have been more self-aware or had a better understanding of ACEs prior to the interview. Further, these participants could have been more willing to participate in the interviews compared to ECEs who had different opinions. Using the term ACEs could have also impacted the overall recruitment of this research as feedback from certain educators revealed that they were unfamiliar with the term. Using this term could have confused potential ECEs since they may have not been aware of what ACEs meant, therefore not wanting to discuss something unfamiliar. One educator recruited held the title of a childcare director. Although they fit the inclusion criteria of being an ECE working for a regulated childcare centre in Nova Scotia, this

participant could have had different experiences with ACEs and perceived support due to her job title. Another participant identified herself as an inclusion coordinator, providing a similar limitation as the childcare director mentioned prior. Additionally, all nine ECEs were female, meaning that the sample could have held a gender bias. It is possible that additional themes could have been identified if there had been males who participated.

Implications

The ECEs represented in this study gave useful insight into changes that need to be implemented in order to increase awareness and support for ECEs supporting children who are experiencing ACEs. Based on the findings from this study, there are various microsystem, mesosystem, exosystem and macrosystem factors identified that seem to influence one another. Therefore, changes throughout the multiple levels should be discussed in order to adequately support ECEs. Regulated child care centres and families could work together to increase the amount of effective communication needed to support children. However, this will continue to be a challenge as parental stigma continues to be a macrolevel factor. ECEs could receive training related to working with families who are experiencing hardship or trauma. Receiving training or professional development in this could help educators feel more comfortable approaching situations that may be influencing the child. This could also help ECEs learn strategies on making families feel more comfortable discussing previous experiences.

At an exosystem level, ACEs could become a priority across ECE training institutions and in professional development opportunities across the province. This professional development could also include options of self-care and information on how to support ECEs who have previous adversity themselves. ECEs mentioned that they had a choice on which professional development opportunities to go to. Due to this, some educators chose not to attend

conferences that may have involved infant mental health. It may be beneficial to require mandatory training on ACEs for ECEs working in regulated childcare, so all have the same, base knowledge needed to support children as well as themselves. Additionally, specific training for creating trauma-sensitive childcare classrooms could be considered. Online training modules, such as those from the Pyramid Model, provide online training sessions on trauma-informed care for early childhood education (Pyramid Model Consortium, 2019). It may be useful at a policy level to begin implementing and funding module training for ECEs. Sharing more knowledge on ACEs could allow others to understand its value and ultimately increase supports and resources to help educators help children. Besides professional development and module training, a course surrounding ACEs and early childhood trauma could be added into the curriculum of diploma and degree level early childhood educator programs. This course could provide a base level understanding to future ECEs before they begin their practice. Throughout the majority of the interviews, ECEs often referred to ACEs as trauma. Although ACEs were described to the participant prior to the interview and participants seemed to have a good grasp of what encompassed ACEs, participants still used the word trauma. Receiving training could result in a better understanding of the term ACEs and help appropriately support children experiencing them. Additionally, supporting children through therapeutic play could be a beneficial way to support ACEs. Creating training opportunities across the province to help support educators with this type of play can be another strategy to further support both educator and child. Due to an ECEs focus on play-based ideologies, this may be a supportive way in creating therapeutic environments for children. Furthermore, creating a collaborative approach within regulated childcare centres may assist ECEs in supporting children experiencing ACEs. Creating

partnerships with local social workers, psychologists and others would be beneficial in order to combine a wide array of knowledge among multiple professions.

Conclusions

The three research questions for this study were; 1) How aware are ECEs of ACEs? 2) How are ECEs supporting children who have experienced, or are currently experiencing, ACEs? and 3) How are ECEs supported in supporting children who have experienced, or are currently experiencing, ACEs? All participants shared insightful information regarding their awareness and perceived support related to ACEs. In terms of awareness, educators reflected on the importance of parental and educator communication and child behaviours. Location was an additional way that educators became aware of ACEs. Educators who lived in rural communities stated that it was easier to become aware of children's prior experiences due to the small nature of the community. Educators also discussed the importance of creating supportive environments for both children and their parents. Providing consistent routines and clear expectations for children helped ease anxiety and showing love and perseverance aided in creating supportive relationships, ultimately creating a safe and trusting space for children. This was especially important for children who have had previous ACEs. In terms of parents, educators spoke to the importance of creating a non-judgemental space for parents. Choosing to have a welcoming environment was an effective way in making families feel comfortable communicating and forming relationships within the centre. Despite efforts, some educators reflected on the fact that they knew more about some families than others. Educators said it was frustrating when parents weren't as open, but also reflected on the importance of respecting parental boundaries.

Finally, educators spoke to their community's ability to support them in supporting children. Most educators spoke to the need for additional resources, such as professional development or specific training for trauma-informed or sensitive environments. Educators also reflected on the importance of knowing where to go for help. This usually referred to the need for a more inter-disciplinary approach. Educators discussed how parental stigma affected their awareness of a child's experiences. They also spoke to how their role as an ECE may not be viewed as professional, further discussing the importance of providing an inter-disciplinary approach. Although participants reflected on the minimal opportunities to learn about ACEs, some mentioned that throughout the years, there has been more opportunities to learn about early childhood mental health and trauma. This could provide insight into future training or professional development opportunities that could be offered. Together, these factors presented gives insight into educator's awareness and perceived supported related to supporting children who are, or who have previously, experienced ACEs. The educators in this research study provided insightful information on what is being done and what is further needed in order to adequately support children experiencing ACEs.

As stated above, there is limited research using ECEs voices to describe their awareness and perceived support related to ACEs. ECEs can increase the physical health and mental well-being of children who have experienced ACEs, demonstrating that ECEs are an important and vital occupation (Murray, 2018). Safe and healthy environments that allow children to play, explore, and maximize their capacities are examples of how individual protective factors can be enhanced. ECEs can support children's protective systems by building the child's personal attributes associated with resiliency, such as self-efficacy and self-regulation (Sciaraffa et al., 2018). ECEs can additionally provide a secure relationship, which is especially critical for

children who have experienced trauma as a secure relationship can provide extra support in times of stress. Additionally, by working collaboratively with parents, ECEs can promote resiliency and skill development, all while providing an additional layer of protection for children who experience adversity (Sciaraffa et al., 2018). Therefore, ECEs have the capacity and knowledge to support children who have experienced ACEs, creating space for resiliency and ongoing development. As stated by Wertsch and Bronfenbrenner (2005), for a child to display resiliency, he or she needs at least one adult who deeply cares for them and provides support. This research begins to fill the gap between ACEs and the early childhood education environment. This research also promotes the important and valuable role of ECEs, supporting the notion that they, along with additional professionals, have the capacity to support children experiencing ACEs.

Bibliography

- Afifi, T. O., Mather, A., Boman, J., Fleisher, W., Enns, M. W., MacMillan, H., & Sareen, J. (2011). Childhood adversity and personality disorders: Results from a nationally representative population-based study. *Journal of Psychiatric Research*, 45(6), 814–822. <https://doi.org/10.1016/j.jpsychires.2010.11.008>
- Agarwal, S. M., & Ray, D. C. (2019). Play Therapy in Residential Treatment Centers for Children. *Residential Treatment for Children & Youth*, 36(4), 298–313. <https://doi.org/10.1080/0886571X.2018.1536496>
- Alaggia, R., Regehr, C., & Jenney, A. (2012). Risky Business: An Ecological Analysis of Intimate Partner Violence Disclosure. *Research on Social Work Practice*, 22(3), 301–312. <https://doi.org/10.1177/1049731511425503>
- Alan Pence, & Veronica Pacini-Ketchabaw. (2008). Discourses on Quality Care: The Investigating “Quality” project and the Canadian experience. *Contemporary Issues in Early Childhood*, 9(3), 241–255.
- Alat, K. (2002). Traumatic Events and Children How Early Childhood Educators Can Help. *Childhood Education*, 79(1), 2–8. <https://doi.org/10.1080/00094056.2002.10522756>
- Almeida FA, & Angelo M. (2001). Therapeutic play: Children’s behaviors in the post-operative care unit. *Revista Paulista de Enfermagem*, 20(1), 5–12.
- Anderson. (2014). The impact of family structure on the health of children: Effects of divorce. *The Linacre Quarterly*, 81(4), 378–387. <https://doi.org/10.1179/0024363914Z.0000000000087>

- Anderson, E., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a School-University Model for Professional Development with Classroom Staff: Teaching Trauma-Informed Approaches. *School Community Journal*, 25(2), 113–134.
- Anderson, S. M., & Gedo, P. M. (2013). Relational trauma: Using play therapy to treat a disrupted attachment. *Bulletin of the Menninger Clinic*, 77(3), 250–268.
<https://doi.org/10.1521/bumc.2013.77.3.250>
- Arnold, D. H., Zeljo, A., Doctoroff, G. L., & Ortiz, C. (2008). Parent Involvement in Preschool: Predictors and the Relation of Involvement to Preliteracy Development. *School Psychology Review*, 37(1), 74–90.
- Ashiabi, G. (2007). Play in the Preschool Classroom: Its Socioemotional Significance and the Teacher's Role in Play. *Early Childhood Education Journal*, 35(2), 199–207.
<https://doi.org/10.1007/s10643-007-0165-8>
- Atkeson, B. M., Forehand, R. L., & Rickard, K. M. (1982). The Effects of Divorce on Children. In B. B. Lahey & A. E. Kazdin (Eds.), *Advances in Clinical Child Psychology* (pp. 255–281). https://doi.org/10.1007/978-1-4613-9811-0_7
- Badanes, L. S., Dmitrieva, J., & Watamura, S. E. (2012). Understanding cortisol reactivity across the day at child care: The potential buffering role of secure attachments to caregivers. *Early Childhood Research Quarterly*, 27(1), 156–165.
<https://doi.org/10.1016/j.ecresq.2011.05.005>
- Bakken, L., Brown, N., & Downing, B. (2017). Early Childhood Education: The Long-Term Benefits. *Journal of Research in Childhood Education*, 31(2), 255–269. (Routledge. Available from: Taylor & Francis, Ltd. 530 Walnut Street Suite 850, Philadelphia, PA

19106. Tel: 800-354-1420; Tel: 215-625-8900; Fax: 215-207-0050; Web site:

<http://www.tandf.co.uk/journals>).

Bancroft, R., & Underwood, K. (2015). A Vision for Inclusive Child Care. *Our Schools / Our Selves*, 24(4), 95–106.

Bedi, G., & Goddard, C. (2007). Intimate partner violence: What are the impacts on children? *Australian Psychologist*, 42(1), 66–77. <https://doi.org/10.1080/00050060600726296>

Beech, A. R., & Mitchell, I. J. (2005). A neurobiological perspective on attachment problems in sexual offenders and the role of selective serotonin re-uptake inhibitors in the treatment of such problems. *Clinical Psychology Review*, 25(2), 153–182.

<https://doi.org/10.1016/j.cpr.2004.10.002>

Blodgett, C., & Lanigan, J. D. (2018). The Association between Adverse Childhood Experience (ACE) and School Success in Elementary School Children. *School Psychology Quarterly*, 33(1), 137–146. (American Psychological Association. Journals Department, 750 First Street NE, Washington, DC 20002. Tel: 800-374-2721; Tel: 202-336-5510; Fax: 202-336-5502; e-mail: order@apa.org; Web site: <http://www.apa.org>).

Boivin, M. (2012). *Early childhood development adverse experiences and developmental health*. Retrieved from <https://login.ezproxy.cbu.ca/login?url=http://deslibris.ca/ID/236287>

Bowlby, J. (1951). Maternal care and mental health. *World Health Organization Monograph Series*, 2, 179–179.

Bowlby, J. (1973). *Attachment and Loss: Separation: anxiety and anger*. Basic Books.

Bowlby, J. (1980). *Attachment and Loss*. Basic Books.

- Boyd, N. (2003). Play and expressive therapies to help bereaved children: Individual, family, and group treatment. *Smith College Studies in Social Work*, 73(3), 405–422.
<https://doi.org/10.1080/00377310309517694>
- Bratton, S., Ceballos, P., Sheely-Moore, A., Meany-Walen, K., Pronchenko, Y., & Jones, L. (2013). Head start early mental health intervention: Effects of child-centered play therapy on disruptive behaviors. *International Journal of Play Therapy*, 22, 28.
<https://doi.org/10.1037/a0030318>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brennenstuhl, S., & Fuller-Thomson, E. (2015). The Painful Legacy of Childhood Violence: Migraine Headaches Among Adult Survivors of Adverse Childhood Experiences. *Headache: The Journal of Head & Face Pain*, 55(7), 973–983.
<https://doi.org/10.1111/head.12614>
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759–775. <https://doi.org/10.1037/0012-1649.28.5.759>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037/0003-066X.32.7.513>
- Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development: Research Perspectives. *Developmental Psychology*, 22(6), 723–742.
<https://doi.org/10.1037/0012-1649.22.6.723>
- Brumley, L., Jaffee, S., & Brumley, B. (2017). Pathways from Childhood Adversity to Problem Behaviors in Young Adulthood: The Mediating Role of Adolescents' Future

- Expectations. *Journal of Youth & Adolescence*, 46(1), 1–14.
<https://doi.org/10.1007/s10964-016-0597-9>
- Bryman, A. (2012). *Social Research Methods* (4th Revised edition edition). Oxford ; New York: Oxford Univ Pr.
- Campbell, T., Gambaro, L., & Stewart, K. (2018). ‘Universal’ early education: Who benefits? Patterns in take-up of the entitlement to free early education among three-year-olds in England. *British Educational Research Journal*, 44(3), 515–538.
<https://doi.org/10.1002/berj.3445>
- Campbell-Barr, V. (2017). Quality Early Childhood Education and Care—The Role of Attitudes and Dispositions in Professional Development. *Early Child Development and Care*, 187(1), 45–58. (Routledge. Available from: Taylor & Francis, Ltd. 325 Chestnut Street Suite 800, Philadelphia, PA 19106. Tel: 800-354-1420; Fax: 215-625-2940; Web site: <http://www.tandf.co.uk/journals>).
- Capo, K., Espinoza, L., Khadam-Hir, J., & Paz, D. (2019). Creating safe spaces for children’s voices to be heard: Supporting the psychosocial needs of children in times of trauma. *Journal of Early Childhood Teacher Education*, 40(1), 19–30.
<https://doi.org/10.1080/10901027.2019.1578309>
- Carette S, Surtees PG, Wainwright NWJ, Khaw K, Symmons DPM, & Silman AJ. (2000). The role of life events and childhood experiences in the development of rheumatoid arthritis. *Journal of Rheumatology*, 27(9), 2123–2130.
- Chartier, M. J., Walker, J. R., & Naimark, B. (2010). Separate and Cumulative Effects of Adverse Childhood Experiences in Predicting Adult Health and Health Care Utilization. *Child Abuse & Neglect: The International Journal*, 34(6), 454–464. (Elsevier. 6277 Sea

- Harbor Drive, Orlando, FL 32887-4800. Tel: 877-839-7126; Tel: 407-345-4020; Fax: 407-363-1354; e-mail: usjcs@elsevier.com; Web site: <http://www.elsevier.com>).
- Cheng, Y.-J., & Ray, D. C. (2016). Child-Centered Group Play Therapy: Impact on Social-Emotional Assets of Kindergarten Children. *Journal for Specialists in Group Work*, 41(3), 209–237. (Routledge. Available from: Taylor & Francis, Ltd. 325 Chestnut Street Suite 800, Philadelphia, PA 19106. Tel: 800-354-1420; Fax: 215-625-2940; Web site: <http://www.tandf.co.uk/journals>).
- Choi, N. G., DiNitto, D. M., Marti, C. N., & Segal, S. P. (2017). Adverse childhood experiences and suicide attempts among those with mental and substance use disorders. *Child Abuse & Neglect*, 69, 252–262. <https://doi.org/10.1016/j.chiabu.2017.04.024>
- Colman, I., Kingsbury, M., Garad, Y., Zeng, Y., Naicker, K., Patten, S., ... Thompson, A. H. (2016). Consistency in adult reporting of adverse childhood experiences. *Psychological Medicine*, 46(3), 543–549. <https://doi.org/10.1017/S0033291715002032>
- Committee on Early Childhood, A. (2005). Quality Early Education and Child Care From Birth to Kindergarten. *Pediatrics*, 115(1), 187–191. <https://doi.org/10.1542/peds.2004-2213>
- Cooper, R. J. (2000). The impact of child abuse on children's play: A conceptual model. *Occupational Therapy International*, 7(4), 259–276. <https://doi.org/10.1002/oti.127>
- Cortazar, A., & Herreros, F. (2010). Early Attachment Relationships and the Early Childhood Curriculum. *Contemporary Issues in Early Childhood*, 11(2), 192–202. Retrieved from eric. (Symposium Journals. P.O. Box 204, Didcot, Oxford, OX11 9ZQ, UK. Tel: +44-1235-818-062; Fax: +44-1235-817-275; e-mail: subscriptions@symposium-journals.co.uk; Web site: <http://www.wwwords.co.uk/ciec>)

- Cummings, K., Addante, S., Swindell, J., & Meadan, H. (2017). Creating Supportive Environments for Children Who have had Exposure to Traumatic Events. *Journal of Child & Family Studies*, 26(10), 2728–2741. <https://doi.org/10.1007/s10826-017-0774-9>
- Danger, S., & Landreth, G. (2005). Child-Centered Group Play Therapy with Children with Speech Difficulties. *International Journal of Play Therapy*, 14(1), 81–102. <https://doi.org/10.1037/h0088897>
- Davis, E., Priest, N., Davies, B., Sims, B., Harrison, L., Herrman, H., ... Cook, K. (2010). Promoting children's social and emotional wellbeing in childcare centres within low socioeconomic areas: Strategies, facilitators and challenges. *Australian Journal of Early Childhood*, 35.
- De Marco, A., & Vernon-Feagans, L. (2013). Rural Neighborhood Context, Child Care Quality, and Relationship to Early Language Development. *Early Education & Development*, 24(6), 792–812. <https://doi.org/10.1080/10409289.2013.736036>
- Department of Education and Early Childhood Development. (2019, March 13). Nova Scotia Early Development Instrument (EDI) [Text]. Retrieved December 5, 2019, from /edi, <https://www.ednet.ns.ca/edi>
- Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, 34(5), 1072–1080. <https://doi.org/10.1016/j.childyouth.2012.02.012>
- Falenchuk, O., Perlman, M., McMullen, E., Fletcher, B., & Shah, P. S. (2017). Education of staff in preschool aged classrooms in child care centers and child outcomes: A meta-analysis

and systematic review. *PLoS ONE*, 12(8), 1–33.

<https://doi.org/10.1371/journal.pone.0183673>

Farley, J. L., & Whipple, E. E. (2017). Expanding Infant Mental Health Treatment Services to at-Risk Preschoolers and Their Families Through the Integration of Relational Play Therapy. *Infant Mental Health Journal*, 38(5), 669–679.

<https://doi.org/10.1002/imhj.21663>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ...

Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, A. (2013). Barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability. *International Journal of Migration, Health and Social Care*, 9(3), 135–145. <https://doi.org/10.1108/IJMHSC-07-2013-0024>

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. *Child Abuse & Neglect*, 48, 13–21.

<https://doi.org/10.1016/j.chiabu.2015.07.011>

Flaherty, E. G., Thompson, R., Litrownik, A. J., Zolotor, A. J., Dubowitz, H., Runyan, D. K., ...

Everson, M. D. (2009). Adverse childhood exposures and reported child health at age 12. *Academic Pediatrics*, 9(3), 150–156. <https://doi.org/10.1016/j.acap.2008.11.003>

Fox, L., Hemmeter, M. L., Snyder, P., Binder, D. P., & Clarke, S. (2011). Coaching Early Childhood Special Educators to Implement a Comprehensive Model for Promoting

- Young Children's Social Competence ,
Coaching Early Childhood Special Educators to Implement a Comprehensive Model for Promoting Young Children's Social Competence. *Topics in Early Childhood Special Education*, 31(3), 178–192. <https://doi.org/10.1177/0271121411404440>
- Fredland, N., McFarlane, J., Symes, L., & Maddoux, J. (2018). Exploring the Association of Maternal Adverse Childhood Experiences with Maternal Health and Child Behavior Following Intimate Partner Violence. *Journal of Women's Health (15409996)*, 27(1), 64–71. <https://doi.org/10.1089/jwh.2016.5969>
- Fredrickson, R. (2019). Trauma-Informed Care for Infant and Early Childhood Abuse. *Journal of Aggression, Maltreatment & Trauma*, 28(4), 389–406.
<https://doi.org/10.1080/10926771.2019.1601143>
- Fuller-Thomson, E., Baird, S. L., Dhrodia, R., & Brennenstuhl, S. (2016). The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. *Child: Care, Health & Development*, 42(5), 725–734.
<https://doi.org/10.1111/cch.12351>
- Fuller-Thomson, E., Bottoms, J., Brennenstuhl, S., & Hurd, M. (2011). Is Childhood Physical Abuse Associated With Peptic Ulcer Disease? Findings From a Population-based Study. *Journal of Interpersonal Violence*, 26(16), 3225–3247.
<https://doi.org/10.1177/0886260510393007>
- Fuller-Thomson, E., Roane, J. L., & Brennenstuhl, S. (2016). Three Types of Adverse Childhood Experiences, and Alcohol and Drug Dependence Among Adults: An Investigation Using Population-Based Data. *Substance Use & Misuse*, 51(11), 1451–1461.
<https://doi.org/10.1080/10826084.2016.1181089>

- Gomez, R. E. (2016). Sustaining the Benefits of Early Childhood Education Experiences: A Research Overview. *Voices in Urban Education*, (43), 5–14. (Annenberg Institute for School Reform at Brown University. Brown University, Box 1985, Providence, RI, 02912. Tel: 401-863-7990; Fax: 401-863-1290; e-mail: AISR_info@brown.edu; Web site: <http://www.annenberginstitute.org>).
- Government of Canada, S. C. (2017, October 25). The Daily — Immigration and ethnocultural diversity: Key results from the 2016 Census. Retrieved December 5, 2019, from <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm?indid=14428-1&indgeo=0>
- Grady, M. D., Levenson, J. S., & Bolder, T. (2017). Linking Adverse Childhood Effects and Attachment: A Theory of Etiology for Sexual Offending. *Trauma, Violence & Abuse*, 18(4), 433–444. <https://doi.org/10.1177/1524838015627147>
- Guss, S. S., Morris, A. S., Bosler, C., Castle, S. L., Hays-Grudo, J., Horm, D. M., & Treat, A. (2018). Parents' adverse childhood experiences and current relationships with their young children: The role of executive function. *Early Child Development and Care*, 1–11. <https://doi.org/10.1080/03004430.2018.1513921>
- Halfon, S., & Langford, R. (2015). Developing and Supporting a High Quality Child Care Workforce in Canada. *Our Schools / Our Selves*, 24(4), 131–144.
- Haney, J., Shah, S. S., Simmons, J. M., Auger, K. A., Shah, A. N., Beck, A. F., ... Pfefferman, C. (2018). Parental Adverse Childhood Experiences and Resilience on Coping After Discharge. *Pediatrics*, 141(4), 1–8. <https://doi.org/10.1542/peds.2017-2127>

- Harwood, D., Klopper, A., Osanyin, A., & Vanderlee, M.-L. (2013). 'It's more than care': Early childhood educators' concepts of professionalism. *Early Years*, 33(1), 4–17.
<https://doi.org/10.1080/09575146.2012.667394>
- Hemmeter, M. L., Hardy, J. K., Schnitz, A. G., Adams, J. M., & Kinder, K. A. (2015). Effects of Training and Coaching With Performance Feedback on Teachers' Use of Pyramid Model Practices. *Topics in Early Childhood Special Education*, 35(3), 144–156.
<https://doi.org/10.1177/0271121415594924>
- Hemmeter, M. L., Santos, R. M., & Ostrosky, M. M. (2008). Preparing Early Childhood Educators to Address Young Children's Social-Emotional Development and Challenging Behavior: A Survey of Higher Education Programs in Nine States. *Journal of Early Intervention*, 30(4), 321–340.
- Hemmeter, M. L., Snyder, P. A., Fox, L., & Algina, J. (2016). Evaluating the Implementation of the Pyramid Model for Promoting Social-Emotional Competence in Early Childhood Classrooms. *Topics in Early Childhood Special Education*, 36(3), 133–146.
<https://doi.org/10.1177/0271121416653386>
- Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A Model for Creating a Supportive Trauma-Informed Culture for Children in Preschool Settings. *Journal of Child and Family Studies*, 24(6), 1650–1659. <https://doi.org/10.1007/s10826-014-9968-6>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366.
[https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)

- Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey. *BMC Public Health*, 16(1), 222. <https://doi.org/10.1186/s12889-016-2906-3>
- Hunt, T. K. A., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child Abuse & Neglect*, 67, 391–402. <https://doi.org/10.1016/j.chiabu.2016.11.005>
- Hurley, J. J., Saini, S., Warren, R. A., & Carberry, A. J. (2013). Use of the Pyramid Model for supporting preschool refugees. *Early Child Development & Care*, 183(1), 75–91. <https://doi.org/10.1080/03004430.2012.655242>
- Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing Secondary Traumatic Stress in Educators. *Child and Adolescent Psychiatric Clinics*, 24(2), 319–333. <https://doi.org/10.1016/j.chc.2014.11.003>
- Irwin, L. G. (2007). *Early Child Development: A Powerful Equalizer : Final Report for the World Health Organization's Commission on Social Determinants of Health*. Human Early Learning Partnership (HELP).
- Janus, M., & Offord, D. R. (2007). Development and psychometric properties of the Early Development Instrument (EDI): A measure of children's school readiness. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 39(1), 1–22. <https://doi.org/10.1037/cjbs2007001>
- Jordan, E. (1995). Fighting Boys and Fantasy Play: The construction of masculinity in the early years of school. *Gender and Education*, 7(1), 69–86. <https://doi.org/10.1080/713668458>

- Kao Y, & Liu S. (2005). A nursing experience with a child with rape trauma by using therapeutic play in an emergency room. *Journal of Nursing*, 52(1), 88–93.
- Kaufman-Parks, A. M., DeMaris, A., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2017). Parents and partners: Moderating and mediating influences on intimate partner violence across adolescence and young adulthood. *Journal of Social and Personal Relationships*, 34(8), 1295–1323. <https://doi.org/10.1177/0265407516676639>
- Kendall-Tackett, K. (2002). The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse & Neglect*, 26(6–7), 715–729. [https://doi.org/10.1016/S0145-2134\(02\)00343-5](https://doi.org/10.1016/S0145-2134(02)00343-5)
- Kerker, B. D., Zhang, J., Nadeem, E., Stein, R. E. K., Hurlburt, M. S., Heneghan, A., ... McCue Horwitz, S. (2015). Adverse Childhood Experiences and Mental Health, Chronic Medical Conditions, and Development in Young Children. *Academic Pediatrics*, 15(5), 510–517. <https://doi.org/10.1016/j.acap.2015.05.005>
- Khanna, A., & Rothman, L. (2015). High Quality Early Childhood Education and Care. *Our Schools / Our Selves*, 24(4), 63–78.
- Kurtulmus, Z. (2016). Analyzing Parental Involvement Dimensions in Early Childhood Education. *Educational Research and Reviews*, 11(12), 1149–1153.
- Lagace-Seguin, D. G. (2009). *Psychology 3313 Social and Emotional Development*. Toronto, ON: Nelson Education Limited.
- Lally, J. R., & Mangione, P. (2017). Caring Relationships. *YC: Young Children*, 72(2), 17–24.
- Lamers-Winkelmann, F., Willemen, A. M., & Visser, M. (2012). Adverse Childhood Experiences of referred children exposed to Intimate Partner Violence: Consequences for their

- wellbeing. *Child Abuse & Neglect*, 36(2), 166–179.
<https://doi.org/10.1016/j.chiabu.2011.07.006>
- Lange, B. C. L., Callinan, L. S., & Smith, M. V. (2019). Adverse Childhood Experiences and Their Relation to Parenting Stress and Parenting Practices. *Community Mental Health Journal*, 55(4), 651–662. <https://doi.org/10.1007/s10597-018-0331-z>
- Langford, R., Di Santo, A., Valeo, A., Underwood, K., & Lenis, A. (2018). The Innovation of Ontario Full-Day Kindergarten Educator Teams: Have They Reproduced the Split Systems of Care and Education? *Gender and Education*, 30(5), 569–586. (Routledge. Available from: Taylor & Francis, Ltd. 530 Walnut Street Suite 850, Philadelphia, PA 19106. Tel: 800-354-1420; Tel: 215-625-8900; Fax: 215-207-0050; Web site: <http://www.tandf.co.uk/journals>).
- Leblanc, M., & Ritchie, M. (2001). A meta-analysis of play therapy outcomes. *Counselling Psychology Quarterly*, 14(2), 149–163. <https://doi.org/10.1080/09515070110059142>
- Lee, J. E. C., Phinney, B., Watkins, K., & Zamorski, M. A. (2016). Psychosocial Pathways Linking Adverse Childhood Experiences to Mental Health in Recently Deployed Canadian Military Service Members. *Journal of Traumatic Stress*, 29(2), 124–131. <https://doi.org/10.1002/jts.22085>
- Leung, C. (2015). Enhancing Social Competence and the Child-Teacher Relationship Using a Child-Centred Play Training Model in Hong Kong Preschools. *International Journal of Early Childhood*, 47(1), 135–152. (Springer. 233 Spring Street, New York, NY 10013. Tel: 800-777-4643; Tel: 212-460-1500; Fax: 212-348-4505; e-mail: service-ny@springer.com; Web site: <http://www.springerlink.com>).

- Lipscomb, S. T., Pratt, M. E., Schmitt, S. A., Pears, K. C., & Kim, H. K. (2013). School readiness in children living in non-parental care: Impacts of Head Start. *Journal of Applied Developmental Psychology, 34*(1), 28–37.
<https://doi.org/10.1016/j.appdev.2012.09.001>
- Lipscomb, S. T., Schmitt, S. A., Pratt, M., Acock, A., & Pears, K. C. (2014). Living in non-parental care moderates effects of prekindergarten experiences on externalizing behavior problems in school. *Children and Youth Services Review, 40*, 41–50.
<https://doi.org/10.1016/j.childyouth.2014.02.006>
- Martin, S., Meyer, J., Jones, R. C., Nelson, L., & Ling Ting. (2010). Perceptions of Professionalism Among Individuals in the Child Care Field. *Child & Youth Care Forum, 39*(5), 341–349. <https://doi.org/10.1007/s10566-010-9107-5>
- Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M.-G. J. (2009). Resilience in Development. *The Oxford Handbook of Positive Psychology*.
<https://doi.org/10.1093/oxfordhb/9780195187243.013.0012>
- McGrath, W. H. (2003). Ambivalent partners: Relationships between mothers and teachers in a full-time child care center. *Dissertations Available from ProQuest*, 1–358.
- McIsaac, J. (2018). *Nova Scotia Pyramid Model: Theory of Change*. Unpublished.
- McNally, S., & Slutsky, R. (2018). Teacher–child relationships make all the difference: Constructing quality interactions in early childhood settings. *Early Child Development and Care, 188*(5), 508–523. <https://doi.org/10.1080/03004430.2017.1417854>
- Mortensen, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children & Youth Services Review, 64*, 73–81. <https://doi.org/10.1016/j.childyouth.2016.03.004>

- Murray. (2018). In praise of early childhood educators. *International Journal of Early Years Education*, 26(1), 1–3. <https://doi.org/10.1080/09669760.2018.1423669>
- Murray, E., McFarland-Piazza, L., & Harrison, L. J. (2015). Changing patterns of parent–teacher communication and parent involvement from preschool to school. *Early Child Development & Care*, 185(7), 1031–1052. <https://doi.org/10.1080/03004430.2014.975223>
- Nayar, U. S., Stangl, A. L., De Zaluondo, B., & Brady, L. M. (2014). Reducing Stigma and Discrimination to Improve Child Health and Survival in Low- and Middle-Income Countries: Promising Approaches and Implications for Future Research. *Journal of Health Communication*, 19(sup1), 142–163. <https://doi.org/10.1080/10810730.2014.930213>
- O'Connor, E., & McCartney, K. (2007). Attachment and cognitive skills: An investigation of mediating mechanisms. *Journal of Applied Developmental Psychology*, 28(5/6), 458–476. <https://doi.org/10.1016/j.appdev.2007.06.007>
- Papadopoulou, K., Tsermidou, L., Dimitrakaki, C., Agapidaki, E., Oikonomidou, D., Petanidou, D., ... Giannakopoulos, G. (2014). A Qualitative Study of Early Childhood Educators' Beliefs and Practices Regarding Children's Socioemotional Development. *Early Child Development and Care*, 184(12), 1843–1860. (Routledge. Available from: Taylor & Francis, Ltd. 325 Chestnut Street Suite 800, Philadelphia, PA 19106. Tel: 800-354-1420; Fax: 215-625-2940; Web site: <http://www.tandf.co.uk/journals>).
- Peisner-Feinberg, E. (2007). Child Care and Its Impact on Young Children's Development. *FPG Child Development Institute, University of North Carolina at Chapel Hill*. Retrieved from

<http://www.child-encyclopedia.com/child-care-early-childhood-education-and-care/according-experts/child-care-and-its-impact-young-1>

Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., & Yazejian, N. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. *Child Development, 72*(5), 1534–1553.

Perez, N. M., Jennings, W. G., & Baglivio, M. T. (2018). A Path to Serious, Violent, Chronic Delinquency: The Harmful Aftermath of Adverse Childhood Experiences. *Crime & Delinquency, 64*(1), 3–25. <https://doi.org/10.1177/0011128716684806>

Perlman, M., & Fletcher, B. A. (2012). Hellos and How Are Yous: Predictors and Correlates of Communication Between Staff and Families During Morning Drop-Off in Child Care Centers. *Early Education and Development, 23*(4), 539–557. <https://doi.org/10.1080/10409289.2010.548766>

Phifer, L. W., & Hull, R. (2016). Helping Students Heal: Observations of Trauma-Informed Practices in the Schools. *School Mental Health, 8*(1), 201–205. <https://doi.org/10.1007/s12310-016-9183-2>

Poole, J. C., Dobson, K. S., & Pusch, D. (2018). Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation. *Child Abuse & Neglect, 80*, 123–133. <https://doi.org/10.1016/j.chiabu.2018.03.006>

Pyramid Model Consortium. (2019). Trauma-Informed Care & the Pyramid Model. Retrieved October 20, 2019, from Pyramid Model Consortium website: <https://www.pyramidmodel.org/services/online-training/>

Reedy, C. K., & McGrath, W. H. (2010). Can you hear me now? Staff-parent communication in child care centres. *Early Child Development & Care, 180*(3), 347–357.

<https://doi.org/10.1080/03004430801908418>

Roberts. (2017). Trust, empathy and time: Relationship building with families experiencing vulnerability and disadvantage in early childhood education and care services.

Australasian Journal of Early Childhood, 42(4), 4–12.

<https://doi.org/10.23965/AJEC.42.4.01>

Roberts, A., LoCasale-Crouch, J., Hamre, B., & DeCoster, J. (2016). Exploring Teachers' Depressive Symptoms, Interaction Quality, and Children's Social-Emotional Development in Head Start. *Early Education and Development, 27*(5), 642–654.

(Routledge. Available from: Taylor & Francis, Ltd. 325 Chestnut Street Suite 800,

Philadelphia, PA 19106. Tel: 800-354-1420; Fax: 215-625-2940; Web site:

<http://www.tandf.co.uk/journals>).

Sareen, J., Henriksen, C. A., Bolton, S.-L., Afifi, T. O., Stein, M. B., & Asmundson, G. J. G. (2013). Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel. *Psychological Medicine, 43*(1), 73–84. <https://doi.org/10.1017/S003329171200102X>

Savage, J. (2014). The association between attachment, parental bonds and physically aggressive and violent behavior: A comprehensive review. *Aggression & Violent Behavior, 19*(2), 164–178. <https://doi.org/10.1016/j.avb.2014.02.004>

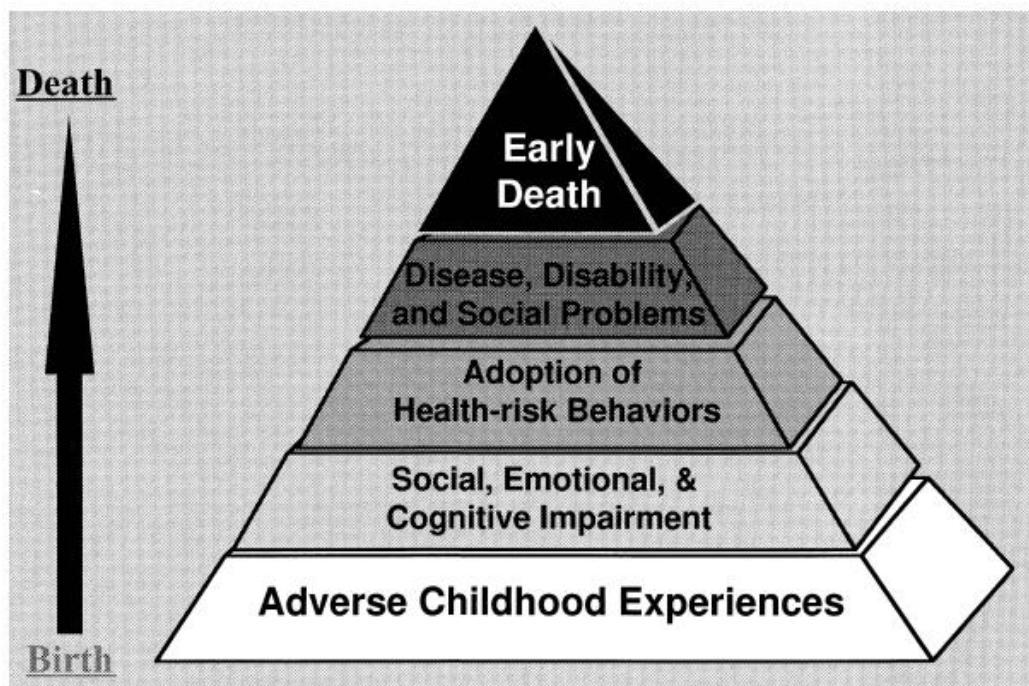
Savage, Pearson, S., McDonald, H., Potoczny-Gray, A., & Marchese, N. (2001). After hospital: Working with schools and families to support the long term needs of children with brain injuries. *NeuroRehabilitation, 16*(1), 49–58.

- Scheeringa, M. S. (2011). PTSD in Children Younger Than the Age of 13: Toward Developmentally Sensitive Assessment and Management. *Journal of Child & Adolescent Trauma*, 41(3), 181–197. <https://doi.org/10.1080/19361521.2011.597079>
- Schickedanz, A., Halfon, N., Sastry, N., & Chung, P. J. (2018). Parents’ Adverse Childhood Experiences and Their Children’s Behavioral Health Problems. *Pediatrics*, 142(2), 1–9. <https://doi.org/10.1542/peds.2018-0023>
- Sciaraffa, M. A., Zeanah, P. D., & Zeanah, C. H. (2018). Understanding and Promoting Resilience in the Context of Adverse Childhood Experiences. *Early Childhood Education Journal*, 46(3), 343–353. <https://doi.org/10.1007/s10643-017-0869-3>
- Shonkoff, J. P., Garner, A. S., THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD, ADOPTION, AND DEPENDENT CARE, AND SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, Siegel, B. S., Dobbins, M. I., Earls, M. F., ... Wood, D. L. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *PEDIATRICS*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>
- Sims, M. (2014). Is the care-education dichotomy behind us? Should it be? *Australasian Journal of Early Childhood*, 39(4), 4–11. <https://doi.org/10.1177/183693911403900402>
- Stamm, B. H. (Series Ed.). (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Baltimore, MD, US: The Sidran Press.
- Stormont, M., Herman, K. C., Reinke, W. M., David, K. B., & Goel, N. (2013). Latent profile analysis of teacher perceptions of parent contact and comfort. *School Psychology Quarterly*, 28(3), 195–209. <https://doi.org/10.1037/spq0000004>

- Stormont, M., & Young-Walker, L. (2017). Supporting professional development needs for early childhood teachers: An exploratory analysis of teacher perceptions of stress and challenging behavior. *International Journal on Disability & Human Development*, 16(1), 99–104. <https://doi.org/10.1515/ijdhhd-2016-0037>
- Sun, J., Patel, F., Rose-Jacobs, R., Frank, D. A., Black, M. M., & Chilton, M. (2017). Mothers' Adverse Childhood Experiences and Their Young Children's Development. *American Journal of Preventive Medicine*, 53(6), 882–891. <https://doi.org/10.1016/j.amepre.2017.07.015>
- Tekin, G., & Sezer, Ö. (2010). Applicability of play therapy in Turkish early childhood education system: Today and future. *Procedia - Social and Behavioral Sciences*, 5, 50–54. <https://doi.org/10.1016/j.sbspro.2010.07.049>
- Thomson, P., & Jaque, S. V. (2017). Adverse childhood experiences (ACE) and Adult Attachment Interview (AAI) in a non-clinical population. *Child Abuse & Neglect*, 70, 255–263. <https://doi.org/10.1016/j.chiabu.2017.06.001>
- Tracy, S. J. (2010). Qualitative Quality: Eight “Big-Tent” Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>
- Vanier Institute. (2018). A Snapshot of Family Diversity in Canada (February 2018). Retrieved December 5, 2019, from The Vanier Institute of the Family / L'Institut Vanier de la famille website: <https://vanierinstitute.ca/snapshot-family-diversity-canada-february-2018/>
- Voinea, M., & Damian, M. (2014). The Role of Socio-Emotional Development in Early Childhood. *Journal Plus Education / Educatia Plus*, 10(2), 388–392.

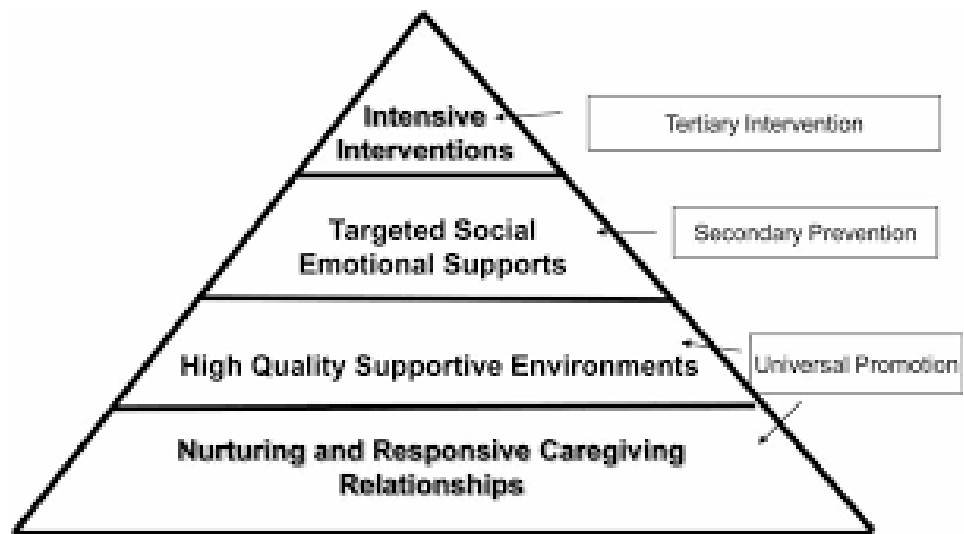
- Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. *Journal of Applied Management Accounting Research*, 10(1), 69–80.
- Watamura, S. E., Phillips, D. A., Morrissey, T. W., McCartney, K., & Bub, K. (2011). Double jeopardy: Poorer social-emotional outcomes for children in the NICHD SECCYD experiencing home and child-care environments that confer risk. *Child Development*, 82(1), 48–65. <https://doi.org/10.1111/j.1467-8624.2010.01540.x>
- Wertsch, J. V., & Bronfenbrenner, U. (2005). Making human beings human: Bioecological perspectives on human development. *British Journal of Developmental Psychology*, 23(1), 143–151. <https://doi.org/10.1348/026151004X21134>
- White, L. K., Brinkerhoff, D. B., & Booth, A. (1985). The Effect of Marital Disruption on Child's Attachment to Parents. *Journal of Family Issues*, 6(1), 5–22.
- Willis, D. G., Sullivan-Bolyai, S., Knafl, K., & Cohen, M. Z. (2016). Distinguishing Features and Similarities Between Descriptive Phenomenological and Qualitative Description Research. *Western Journal of Nursing Research*, 38(9), 1185–1204. <https://doi.org/10.1177/0193945916645499>
- Zarnello, L. (2018). The ACE effect: A case study of adverse childhood experiences. *Nursing*, 48(4), 46–54. <https://doi.org/10.1097/01.NURSE.0000530408.46074.64>

Appendix A
ACE Pyramid



(Felitti et al., 1998, pg. 256)

Appendix B Pyramid Model



(Hurley et al., 2013, pg. 76)

Appendix C

Recruitment Poster

Calling all Early Childhood Educators!



Are you an **early childhood educator** working at a licensed daycare in Nova Scotia?

If so, I want to hear from you!



I invite you to participate in an interview about your **awareness** and perceived **support** related to early **childhood adversity**.



All participants will be entered into a draw for a \$20 grocery store gift card.

If interested, please contact Maria Smith:

XXX- XXX-XXXX
OR
maria.smith19@msvu.ca

Appendix D

Interview Script

First of all, I want to thank you so much for volunteering to participate in this interview. I really appreciate you being here and your willingness to share your experiences. My name is Marla Smith and I am a graduate student at Mount Saint Vincent University. I am interviewing you today for the purpose of completing my MA thesis that aims to look at Early Childhood Educators awareness and perceived support related to adverse childhood experiences. Adverse Childhood Experiences (ACEs) are when children go through the following experiences: childhood physical abuse, household substance use, childhood sexual abuse, household mental illness, exposure to domestic violence, emotional, psychological or verbal abuse, parental separation divorce, bullying, death of a parent or close relative or friend, separation from family and serious childhood illness or injury.

Participation in this interview is voluntary and all the information provided will be kept confidential. Answers will not be connected with any names in any reports or presentations. To help with the analysis of the information, I would like to audio-record the interview. The recordings will be transcribed word for word and any identifying information will be removed (i.e., names, etc.). Although individual responses may be used as quotations, no one will be personally identified.

For our discussion I would like to encourage you to speak generally about ACEs. We would like to keep children and their experiences confidential, so I request that you do not use names. If names of children are given, they will be taken out and anonymized. However, if you express to me that a specific child may be experiencing abuse or other forms maltreatment and

you have not reported it, it is my duty to do so to the appropriate authorities. Do you have any questions before we begin today?

Appendix E

Interview Questions

1. Can you tell me a little bit about yourself and your experience as an ECE?
 - What type of professional development do you typically attend?
2. Can you tell me about the child care center you work at and the families who attend the center?
 - How do you build relationships with families at your child care centre?
 - What are the types of things you talk about?
 - How familiar are you with the home life of children attending your centre?
3. How do you think families/home environment has an impact on a child's behaviour?
 - What about other early life experiences? Current life experiences?
4. Early adversity or trauma is talked about in the field of early childhood education.
 - What do you know about adverse early childhood experiences or early trauma?
 - How do you think ECEs can support children who have experienced an adverse or traumatic event?
 - What opportunities are available to you and your fellow ECEs to learn about supporting children experiencing adverse life experiences?
5. What supports are available to children, to parents and for ECEs to create positive environment for children?

Appendix E

Interview Script

First of all, I want to thank you so much for volunteering to participate in this interview. I really appreciate you being here and your willingness to share your experiences. My name is Marla Smith and I am a graduate student at Mount Saint Vincent University. I am interviewing you today for the purpose of completing my MA thesis that aims to look at Early Childhood Educators awareness and perceived support related to adverse childhood experiences. Adverse Childhood Experiences (ACEs) are when children go through the following experiences: childhood physical abuse, household substance use, childhood sexual abuse, household mental illness, exposure to domestic violence, emotional, psychological or verbal abuse, parental separation divorce, bullying, death of a parent or close relative or friend, separation from family and serious childhood illness or injury.

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