

Adverse Childhood Experiences: Early Childhood Educators' Awareness and Support

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DOI: <https://doi.org/10.15273/hpj.v2i1.11078>

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Abstract

Introduction: Adverse childhood experiences (ACEs) refer to prolonged childhood exposure to potentially traumatic events that have lifelong impacts on health and well-being. Early childhood educators (ECEs) can provide supportive environments for children who have experienced, or are currently experiencing, ACEs. This study explored the awareness of ECEs related to ACEs and the assistance they need to create supportive environments for children. **Objectives:** Provide a Canadian context to ACEs and the early childhood education environment, explore awareness of ECEs related to ACEs, and explore the assistance ECEs need to create supportive environments for all children. **Methods:** The three research questions for this study were the following: How aware are ECEs of ACEs? How are ECEs supporting children who have experienced, or are currently experiencing, ACEs? Lastly, how are ECEs supported in supporting children who have experienced, or are currently experiencing, ACEs? Qualitative description, derived from thematic analysis, was used to illustrate the narratives of participants' experiences. Semi-structured interviews were conducted with ECEs (n=9) in Nova Scotia, Canada. Thematic analysis resulted in themes that relate to ECE awareness and support. **Results:** ACE awareness was described as being developed through parent-to-educator communication, observation of child behaviours, and community location. Barriers to awareness included varying comfort levels of parents and stigma around sharing unfavourable experiences that happen in the home. Participants suggested that creating supportive relationships and environments was important for children experiencing ACEs. Additional strategies included professional development opportunities and collaboration with other professionals. **Conclusion/Discussion:** This research identifies areas of support needed to assist ECEs in creating supportive environments for children.

Introduction

Early childhood is a developmental period that influences a child's future health and social emotional development (Irwin et al., 2007). Adverse childhood experiences (ACEs) refer to prolonged childhood exposure to potentially traumatic events that have lifelong impacts (Felitti et al., 1998). ACEs can occur across the child, family, and community ecologies, including child maltreatment (e.g., verbal, physical, or sexual abuse) and family or community stress (e.g., ill or incarcerated family member; death, divorce, or separation of parents; domestic/community violence; or poverty; Blodgett & Lanigan, 2018; Hughes & Tucker, 2018). The toxic stress of ACEs can lead to permanent changes in brain structure and function, and retrospective research demonstrates a link with poor long-term health and social outcomes (Felitti et al., 1998; Fredland et al., 2018; Fuller-Thomson et al., 2016; Hughes et al., 2017; Lee et al., 2016; Poole et al., 2018; Sareen et al., 2013; Thomson & Jaque, 2017; Zarnello, 2018). ACEs demonstrate that future adult health and social outcomes are the product of inequities experienced in early childhood (Srivastav et al., 2020).

With one in three Canadians reporting abuse before the age of 16 (Afifi et al., 2014; Jacobson, 2021), it is important to understand the environmental context that can shape a child's development (Danielson & Saxena, 2019) and help mitigate the impact of ACEs (Merrick et al., 2020; Sege & Harper Browne, 2017). The Bronfenbrenner ecological model provides a valuable framework for understanding child development through their interactions with individuals, groups, and structures within their proximal and distant contexts (Bronfenbrenner, 1977, 1994; Sandberg, 2017). For example, although ACEs can have detrimental impacts on one's development, resiliency can be gained through quality environments and relationships.

Evidence suggests that participating in quality early learning and child care (ELCC) can assist children who have experienced adversity (Sciaraffa et al., 2018), with Mortensen and

Barnett (2016) reporting that children facing the most risk for maltreatment typically showed the greatest gains when exposed to high-quality ELCC. The term high-quality ELCC can have different meanings, but a common definition relates to process (engaging materials and activities, positive interactions between adult and child) and structural components (e.g., staff qualifications, adult-child ratio; Bigras et al., 2010). Research suggests that parents often value the emphasis on positive relationships (process quality) between educators, children, and families (Noble et al., 2007; Scopelliti & Musatti, 2013; Sollars, 2020). Unfortunately, children from disadvantaged backgrounds are more likely to experience early childhood trauma and are at increased risk for re-traumatization in communities and schools (Jacobson, 2021; Lew & Xian, 2019; Marryat & Frank, 2019). While early childhood educators (ECEs) working in ELCC have the potential to create physically and emotionally safe environments for children (Sciaraffa et al., 2018; Wertsch, 2005), there is a gap in knowledge about ACEs within this setting.

Although quality ELCC can act as a protective factor against the effects of early childhood trauma (Alat, 2002; Bell et al., 2013; Berson & Baggerly, 2009; Cummings et al., 2017; Little & Maunder, 2021), there is limited Canadian literature related to ACEs and the ELCC environment. Research suggests that many ECEs do not feel prepared to meet the needs of children who have significant social-emotional problems or behavioural difficulties (Kaufman-Parks et al., 2017), yet children who experience ACEs are more likely to experience such concerns. ECEs need a comprehensive understanding of the physiological and psychological mechanisms that underlie children's emotions and behaviours related to being exposed to ACEs (Stormont & Young-Walker, 2017). Educators have expressed stress and frustration when uncertain how to support children with challenging behaviours that might be the result of the child experiencing an ACE, leading to negative adult to child interactions (Chung & Harding, 2009). Understanding the relationship between ACEs and behaviour can

help educators be more mindful of their own emotional responses and help them facilitate developmentally-appropriate responses to create a positive child and educator relationship (Cummings et al., 2017; Sciaraffa et al., 2018; Stormont & Young-Walker, 2017).

The purpose of this study was to explore the awareness of ECEs related to ACEs and the assistance they need to create supportive environments for children. An ecological systems framework was used as a lens to interpret the results of the study, providing context to the interactions across systems that influence ECEs related to ACEs.

Methods

This research followed a constructivism/interpretivism approach that considers the social construction of multiple realities as subjective and susceptible to change (Wahyuni, 2012). Using this approach allowed the participants to share their perspectives related to ACEs, employing their own unique and valued reality to give context to the research questions in the study (Wahyuni, 2012). Furthermore, qualitative description enabled a portrayal of participants' experiences by illustrating narratives of those experiences (Willis et al., 2016). Interpreting the various perspectives of other participants allowed for the discovery of common themes, moving beyond what the participant reported and clustering together common ideas from multiple individuals to represent the data (Braun & Clarke, 2006; Willis et al., 2016).

Data Collection

Following the study's ethical approval from the university research ethics board, ELCC directors were sent a recruitment poster using a publicly available provincial directory of ELCC programs. Interested ECEs contacted the researcher by email and, following informed consent, nine participants each took part in an interview (about 45 minutes). Consistent with a qualitative description approach (Bryman, 2012), a semi-structured guide included questions related to their awareness of and received support for ACEs, while also being open

to build on participant experiences and expand upon the questions to ensure relevance.

Data Analysis

Interviews were transcribed verbatim, and coding was completed using Nvivo 12 software. The thematic analysis process described by Braun and Clarke (2006) was used, allowing flexibility and usefulness in summarizing key features of the data while generating a thick description that highlights similarities, differences, and unanticipated findings. Each transcript was reviewed, and any identifying information was removed before inputting the transcripts into the software. The primary author familiarized themselves with the data, transcribing the interviews and reviewing the transcripts. The primary author read through the transcripts and created an initial 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. The two authors discussed the initial codes to further refine emerging codes and search for broader level themes that included collapsing codes together to create bigger, overarching ideas or breaking ideas down to create separate ones. Once the themes were reviewed, they were defined, named, and described through discussion by the authors to ensure representation of participant experiences. Following the identification of themes, Bronfenbrenner's ecological systems theory was used as a framework to support additional interpretation of the study findings.

Results

The ECEs (n=9) worked in a variety of Nova Scotian communities with different ELCC experiences and education. Table 1 below provides demographic information for each participant, paired with a pseudonym that is connected to the following quotes. All participants had an awareness of early childhood trauma, which may have influenced their shared perspectives. The results are presented through three sections: ACE awareness, how ECEs support children, and support for ECEs. Themes within these sections are bolded in each section of the text.

Table 1

Participant Demographics

<u>Location</u>	<u>Education</u>	<u>Years of Experience</u>	<u>Pseudonym</u>
Urban location	Masters level education in Child and Youth	8	Angela
Rural location	Masters level of education	12	Mary
Rural location	Two-year degree	18	Amy
Rural location	Four-year degree	34	Kelly
Urban location	Four-year degree	10	Kelsey
Urban location	Four-year degree	23	Madison
Rural location	Two-year diploma	30	Michelle
Urban location	Two-year diploma	20	Betty
Urban location	Two-year diploma	40	Carolyn

Note. Rural location refers to individuals in towns or municipalities outside the commuting zone of larger urban centres. Urban locations are defined as highly populated areas that have greater access to transportation, etc.

ACE Awareness

Participants reflected on the ways in which life in rural communities, parent and educator communication, and observation of child behaviour influenced their awareness of ACEs. While discussing their centre’s **community**, participants mentioned they felt this community increased their awareness of a child’s early life experiences. One participant stated the following:

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 ... but families share quite a bit and being in a small community even if the family’s not sharin’, you see it and you know everything.
(Mary)

Participants in rural areas spoke to their strong sense of community, which made it easier to develop genuine and trusting relationships and create a safe place for families to be comfortable discussing their home life. One participant commented on this:

You know, we have rules against Facebook, things like that—but we know our families and our families know us. We

have parents who came to this centre as kids and now their kids go here, so, we have those relationships built and they trust us with stuff, you know? I may be walking down the street and so and so might tell me “so and so passed” or “so and so did this,” so it’s definitely natural to have that open communication when you’re a close, close community. (Madison)

ECE and family communication was often focused on general events before and after ELCC during drop-off and pick-up times (e.g., “How was your morning?”). Communication seemed to be influenced by the varying comfort level and individual preferences of families. Although participants often respected these boundaries, they found it more difficult to understand a child’s behaviours when unaware of their experiences. Some participants felt this might be related to stigma around certain behaviours and experiences. One participant discussed this:

And it’s stuff that could’ve—yeah, it’s just been kind of gradually, and I don’t know if that comes from the parents not having all the info ... 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? (Kelly)

Participants also spoke about how **children expressed their experiences through play**. A few participants discussed how watching children’s play made them aware of adverse early experiences. Often, participants indicated that they suspected a child was experiencing an adverse event at home because of the behaviours displayed at the centre. Participants spoke about the difficulty of not knowing the best practices to use or how to navigate the situation, as certain expressions through play may have been a result of home experiences. One participant commented on this:

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 Nanny’s 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. (Carolyn)

How ECEs Support Children

Participants reflected on how creating **supportive relationships and environments** for children is crucial, especially for those with ACEs. For example, some participants described the importance of *consistent routines and clear expectations in the ELCC environment, which could also foster relationship building*. One participant stated the following:

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 ... we 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. (Kelsey)

In addition to safe environments for children, creating safe environments for families was also seen as crucial. Participants discussed how they created welcoming environments for both children and families, making sure families felt comfortable with them and the centre. Examples included incorporating family photos throughout the ELCC space and maintaining ongoing communication. However, participants also discussed difficulties in creating positive relationships with children who may have experienced ACEs that impacted their trust. One participant spoke about this:

Initially, I found they would—they would test more, you know, try to push you away ... 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. (Michelle)

When asked about what steps were taken when challenges were encountered, ECEs discussed the importance of showing care. Ultimately, letting children know they were valued and supported was described as one of the most important components of forming supportive relationships. One participant stated the following:

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? 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. (Betty)

Support for ECEs

Participants also discussed public perception of their profession and how that affected their capacity to support children with ACEs. One participant commented on this:

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. (Angela)

Participants also discussed the additional resources they needed to enable their work with children and families within their community. The majority of participants identified a **lack of training and resources** to support children experiencing ACEs. In terms of the supports needed, the majority of participants described a limit in number of opportunities for professional development

related to ACEs. Without support, participants felt limited in how they could support families. One participant stated the following:

I think it's simply more intentional training and maybe it's required training. You know if the child maybe doesn't have a diagnosis but you know they have some trauma or they're having behaviour then they can have some extra supports within the classroom. It would just be beneficial for everyone to have that consistent training on best practice for trauma, because even when they're little even when there's not something going on they're gonna build those tools for when the trauma kinda comes up or having their words to ask for help or having words to say "I'm really frustrated" yeah and then more workshops as we already talked about there's definitely more of an awareness kinda coming out but there needs to be more training. (Carolyn)

Participants also mentioned the need for specific training in the field of trauma and ACEs to support the ELCC profession. One participant shared their thoughts on this:

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," ... cause we're looking at a lot of different mental health situations, so what do we as teachers tell the kids, sometimes it's honestly you kinda just try and ignore it and hope that it goes away because I don't know what to do. (Amy)

In addition to professional development, participants discussed how they were often unsure where to go for support and needed additional resources to support children and families. Participants described how they often looked to other professions for support, such as psychologists or social workers. Participants referred to these professions as "experts," saying that knowing whom to call was

something they needed when supporting children with ACEs. Participants assumed that these professions dealt with trauma more frequently, suggesting that working together and communicating with these individuals would offer more insight into navigating best practices. One participant shared the following:

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 [is] something going on in this family then we want to have somebody working on those as a team right? (Michelle)

Supporting the ECEs who themselves may have experienced an ACE was also discussed by a few participants. One participant gave the following comments:

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 teacher's 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 it's 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, Mum's getting the help that she needs," none of that is there, so. (Amy)

Discussion

In this study, ECEs described their awareness of ACEs, stating that they often became aware due to parent and educator communication, observation of child behaviours, or community location, as well as discussing barriers to this awareness such as stigma and varying comfort levels of parents. Creating supportive ELCC environments and building relationships with parents and children were identified as important in supporting

children with ACEs. ECEs in this study felt that additional resources were needed to assist them in supporting children, including professional development opportunities and greater collaboration with or access to other professionals. Bronfenbrenner's ecological systems theory offers a lens through which to discuss these results in relation to previous literature. An adapted visual representation of the ecological model with results from this research is presented in Figure 1. The arrows in the diagram reflect the interrelationships within and across the multiple levels.

Participants in this research described how two of the main ways to support children experiencing ACEs were through supportive relationships and ELCC environments. The results of this research suggest that it might be difficult to form relationships with children who may have experienced ACEs. Previous research states that children who experience ACEs are more likely to have insecure attachments (Sciaraffa et al., 2018). Our results are supported by previous research that has found that children with insecure attachments have difficulty trying to form supportive relationships with other adults (i.e., educators and other caregivers; Bretherton, 1995; Sciaraffa et al., 2018). Participants further stated that they became aware of ACEs through a child's behaviours or through their 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). Supporting children through therapeutic play could be a beneficial way to support children with ACEs. Creating training opportunities across the province to help support educators with this type of play could be another strategy to further support both educator and child.

The home (a microsystem), along with an ELCC setting (another microsystem), are influential environments that support the development and growth of young children.

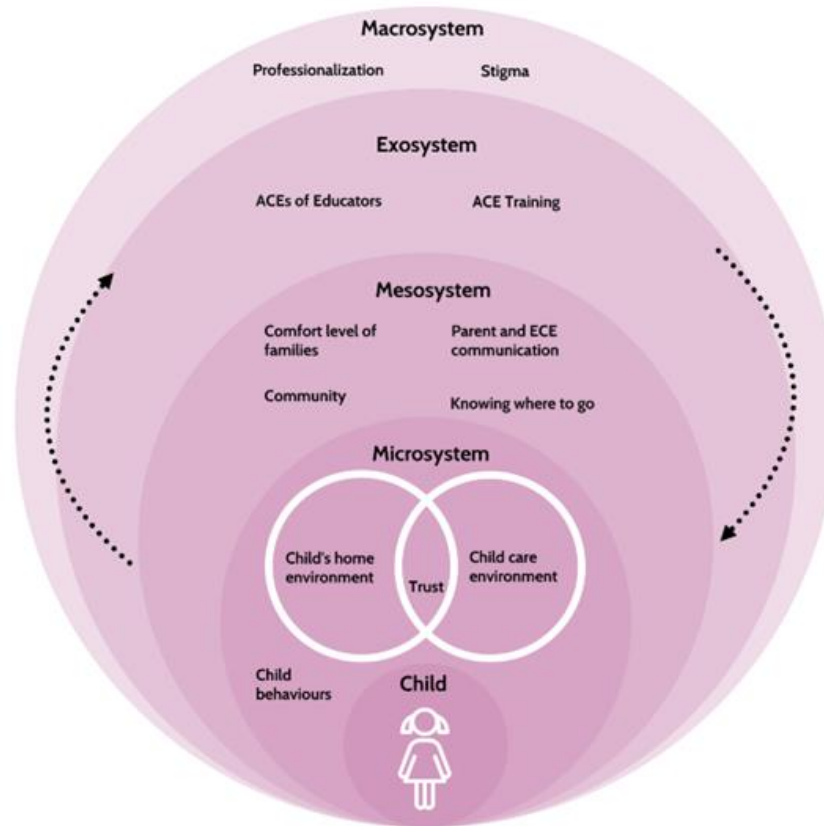


Figure 1

Study of Results Based on Bronfenbrenner's Ecological Systems Theory.

Ideally, both environments would be a supportive space for children; however, if a child experiences an ACE, an ECE may be the only dependable and safe relationship in a child's life (Sciaraffa et al., 2018). If a child develops a secure attachment with an educator, this relationship can serve as a protective factor against unfavourable experiences or behaviours that may result in the home or due to a previous insecure attachment (Mortensen & Barnett, 2016; Sciaraffa et al., 2018). Participants in this study reflected that other ways to support children experiencing ACEs included consistent routines and clear expectations. Previous literature supports this finding, stating that 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). Evidence supports that participating

in quality ELCC can assist children who have experienced adversity (Sciaraffa et al., 2018). ECEs play an important role in the early education and development of children. Skilled, attentive caregivers can help a child feel physically and emotionally safe (Sciaraffa et al., 2018; Wertsch, 2005). Insufficient spaces, lack of transportation, low subsidy rates, and financial constraints are barriers to accessing ELCC in Nova Scotia (Government of Nova Scotia, 2016). Making ELCC affordable, accessible, inclusive, and culturally relevant can help more Nova Scotian families access quality ELCC, offering developmental benefits to both children and society (Archambault et al., 2020; Government of Nova Scotia, 2016).

Although it is important to create relationships and environments that are supportive for children, this study also suggests that it is equally important to create these relationships and safe environments with

families (a mesosystem interaction). In this study, participants indicated that they tried to develop relationships with families that made them feel comfortable, welcomed, and valued, which helped encourage increased communication about potential adverse experiences at home. In particular, participants from rural communities felt this might have been easier because individuals knew each other. This corresponds with previous research that suggests that parents who feel welcome in the ELCC space are more likely to feel their input and perspectives are valued, making them more likely to be involved and co-operative within the centre (Sciaraffa et al., 2018). However, parental stigma was found to be a barrier in this study that obstructed communication and relationship building with parents (a macrosystem interaction).

Previous research suggests that the social processes of stigmatization and discrimination can have complex and devastating effects on the health and welfare of families and communities, and thus on the environments in which children live and grow (Nayar et al., 2014). Perceptions of stigma can negatively impact parents' engagement in their children's education, leading them to feel a sense of powerlessness (Wilson & McGuire, 2021). Some research suggests that parents with children who display behaviours that educators find difficult in a classroom have more conflict with their child's teacher, the parents explaining that they have often felt criticized or blamed for such behaviour (Broomhead, 2013; Gwernan-Jones et al., 2015), and this consequently leads to an unhealthy parent-teacher relationship. There is limited research on how ECEs can limit the feelings of parental stigma of ACEs, but previous research looking at African refugee parent and teacher relationships suggests that creating caring, respectful, and culturally sensitive communication can foster positive refugee parent-teacher relationships. Employing a multi-dimensional approach that incorporates extra time, resources, and community support could create the potential for supportive teacher and parent relationships, especially for those families who experience

inequity (Tadesse, 2014). ELCC 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 large factor. Receiving training or professional development around this topic could help educators feel more comfortable approaching situations that may be influencing the child. This could also help ECEs learn strategies for making families feel more comfortable discussing previous experiences.

In this study, educators reflected on their work not being viewed as professional (a macrosystem interaction). Research suggests that ECEs often devalue their own professional identity, which may be due to a lack of confidence around what is perceived as professional (Harwood et al., 2013). Devaluing their work may also be due to societal opinions regarding ELCC (Harwood et al., 2013). Educators in this study often labelled other occupations such as psychologists and social workers as "professionals." Educators further stated that they would like to collaborate with these professionals in order to receive the information they need. The knowledge, expertise, and responsiveness to a child's needs that ECEs have cannot be underestimated; however, ECEs continue to experience low pay, lower training levels, and poorer status than other occupations who work with children (Murray, 2018). 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, interdisciplinary efforts need to include all-around trust and support for all professions involved (Hall & Weaver, 2001). Therefore, in order for an interdisciplinary approach to work, mutual respect among all professions involved would be necessary, which may be a challenge due to general opinions regarding the ECE profession. With such mutual respect, creating a collaborative approach within ELCC 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.

The majority of participants in this study said that they would like to see more opportunities to learn about ACEs and how to support children through specific training on trauma-informed care (an exosystem interaction). 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 et al., 2017; Fredrickson, 2019). Recent literature adds that training on attachment-aware and trauma-informed approaches can act as a buffer or protective factor against professional burnout (Little & Maunder, 2021). As stated above, children from disadvantaged backgrounds are more likely to experience early trauma, causing educational and community spaces to become inequitable spaces (Reyes et al., 2013). Building trauma-informed services can inform, complement, and support inclusive and equity-based practices for diverse populations (Biliás-Lolis et al., 2017; Dorado et al., 2016). Shifts toward trauma-informed practices create responsive and compassionate learning environments for all children, including those who have experienced inequities through trauma or past experiences (Biliás-Lolis et al., 2017). At an exosystem level, ACEs could become a priority across ECE training institutions and in professional development opportunities across the province. It may be beneficial to require mandatory, reflective training on ACEs for ECEs working in ELCC, so that all staff have the same base knowledge needed to support children as well as themselves. Additionally, specific training for creating trauma-sensitive ELCC environments is needed. 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 future ECEs with a base-level understanding before they begin their practice.

In this research, participants discussed the importance of acknowledging the fact that

some ECEs themselves have experienced ACEs, making it difficult to support children. Previous research in related fields, such as schools, suggests 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 et al., 2015). Mandatory training opportunities, such as workshops and seminars around the importance of self-care, could help support early childhood educators within the field.

Strengths and Limitations

Nine participants took part in this study through a semi-structured interview process that provided an opportunity to gather unique narrative experiences of participants (Braun & Clarke, 2006). Additional research to extend the diversity of participants would deepen our understanding of the experiences of ECEs. Further, gaining insight from families would help to extend the results of this study and identify the possible collaboration that could occur to support children with ACEs at the mesosystem level. In order to mitigate these limitations, the codes and themes were represented through the participants' thoughts and experiences, meaning that the codes and themes were closely related to what the participants expressed in the interviews. The researcher maintained an audit trail throughout the data collection and analysis process, which included reflections from the researcher after interviews, during the coding and theming process and throughout the overall research process.

Conclusion

There is limited research using ECEs' voices to describe their awareness and perceived support related to ACEs. As discussed by Bronfenbrenner (1991), for a child to display resiliency, they need at least one adult who cares deeply for them and provides support. This research begins to fill the knowledge gap related to ACEs and the ELCC environment to address health equities experienced by children. ECEs described their awareness of ACEs, developing this awareness from parent and educator

communication, observation of child behaviours, and community location, as well as discussing barriers to this awareness such as stigma and varying comfort levels of parents. Participants suggested that creating supportive relationships and environments was important when supporting children. Additionally, participants suggested that factors such as increased interdisciplinary collaboration and professional development opportunities would help support them. It is further suggested that various levels of mandatory, reflective training and a more accessible ELCC system across Nova Scotia will help support children with ACEs. 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 to build more equitable and supportive early childhood systems.

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