ORIGINAL PAPER

Early Childhood Professionals' Perspectives on Dealing with Trauma of Children

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Abstract

Childhood trauma is a significant concern in Australia and internationally. Professionals working in the early childhood education sector (i.e., providing early childhood education and care to infants, toddlers, and children from birth to age eight) are positioned to provide valuable support for children affected by trauma. However, there is less research on early childhood professionals' perspectives and experiences of supporting trauma-exposed children compared to other education professionals (e.g., primary and secondary school teachers). This study explored early childhood professionals' perspectives and experiences in relation to supporting children exposed to trauma. Semi-structured interviews were conducted with 14 early childhood professionals in Victoria, Australia, and data were analysed using thematic analysis. The findings illustrate that while educators develop valuable skills and experience growth from supporting trauma-exposed children and their families, they also experience emotional distress and challenges. Educators noted that there are limited professional development opportunities to learn about childhood trauma, and limited access to qualified and knowledgeable staff who can help them when supporting these learners. Implications from this study emphasise the importance of designing and delivering trauma-based professional learning opportunities and policies for early childhood educators.

Keywords Trauma · Early childhood · Early childhood educators · Early education · Trauma-informed · Professional development

Introduction

Trauma in childhood is extremely common, however measuring the prevalence of childhood trauma is challenging due to the many different types of trauma and methods for measuring these events. The types of potentially traumatic events experienced in childhood include child abuse, neglect, and maltreatment, parent mental illness, substance abuse, or incarceration, exposure to disasters or family violence, and other events that can lead to psychological, physical, or other harms for children. Children and adolescents (pre-kindergarten to grade 12) exposed to traumatic events have been found to experience a range of emotional, behavioural, social, and academic problems (Perfect et al., 2016). Children exposed to trauma early in life can experience psychological disorders, including anxiety, depression, posttraumatic stress disorder (PTSD), and conduct disorders (Graham-Bermann et al., 2012; Kramer & Landolt, 2014). The prevalence of trauma exposure has been found to be higher in the earlier developmental period compared to children and youth of other age groups (United States Department of Health & Human Services, 2022).

Early childhood is defined as the time of life between birth and age eight (Early Childhood Australia., n.d.). It is well known that the most critical developmental changes, in terms of neurobiology and development, occur in utero and the early years of life (Shonkoff, 2003; Tierney & Nelson, 2009). Trauma in early childhood can physically alter and adversely affect the neurological structures and pathways of a child's developing brain (Harden et al., 2016). Austin et al.

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(2020) suggest that younger children can be at greater risk of child abuse compared to older children due to their greater reliance on caregivers for survival. Data from the USA in 2020 revealed that the highest rates of child abuse were found in children under one (i.e., 25 per 1,000), and rates tended to decline as age increased (United States Department of Health & Human Services, 2022). Nevertheless, exact rates of trauma exposure in early childhood are difficult to measure and may be higher due to incidents that go undetected or are not reported (Saunders & Saunders, 2014).

Education Professionals Trauma Training and Knowledge

Educators and schoolteachers in early education, primary/elementary, and secondary schools play a crucial role in identifying and supporting trauma-exposed children and young people. Due to their frequent contact with students, educators are in a valuable position to identify behavioural changes in children that may indicate exposure to trauma, and to respond, preventing further harm for these children (Alisic, 2012). Despite this, educators and school staff report that they lack appropriate training and knowledge, and experience symptoms of emotional burnout and secondary trauma in response to traumatised students (Alisic, 2012; Berger, 2019 Berger et al., 2021a, b; Berger & Meltzer, 2021; Barrett & Berger, 2021).

Research with primary/elementary educators suggests they experience ambivalence in response to the needs of children exposed to trauma (Alisic, 2012; Alisic et al., 2012). Bergeret al. (2021a) examined Australian primary and secondary teachers' trauma knowledge and perceived skills to support trauma-exposed students, and found the majority of teachers report a lack of trauma experience and training (e.g., behavioural management skills). Although the effects of trauma exposure on children have been researched extensively, and there is growing literature on the experiences of primary/elementary teachers when supporting trauma-exposed children, less research has explored the experiences of early childhood professionals in this area. Research on the perceptions and experiences of teachers in primary and secondary schools in relation to traumatised students has shed light on important interventions and trauma-informed programs in schools. Similar research is required with early childhood educators to enable researchers to make similar recommendations suitable for the early childhood sector.

Early childhood professionals are defined as individuals providing education and care to infants, toddlers, and young children (Nicholson et al., 2018). The early childhood sector in Australia involves multiple services, including "long day care, kindergarten, preschool, family day care, in-home care, mobile services, occasional care, and outside school hours care" (Early Childhood Australia, n.d., p. 2).

Professionals working in early childhood include educators, early childhood teachers, coordinators, directors/managers of early childhood services, education leaders, nominated supervisors, trainee/apprentices, Australian school-based trainees, ancillary staff (e.g., supports), and field officers (Early Childhood Australia., n.d.). Preschool field officers support early childhood educators by connecting them with support, resources, and information, including coaching and providing educators with strategies for supporting learners, and suggesting program adaptions for children with a variety of needs (Department of Education & Training, 2021).

Professionals working in early education in Australia are mandated by law to report any suspected instances of childhood physical abuse or neglect to child protection authorities. For example, in the state of Victoria, educators are required to report if they witness an incident of abuse against a child (e.g., physical, sexual, grooming, family violence, emotional abuse, or neglect), receive a disclosure that a child is being abused, or if they form a reasonable belief that a child is experiencing abuse or neglect (e.g., through their observations of a child's play or changes in the child's physical or emotional state) (State Government of Victoria, 2021).

There are several reasons why it is important to research the experiences of early childhood educators in response to children exposed to trauma. Early childhood professionals differ from primary and secondary educators as they educate and care for children during the earliest developmental stages. This stage of development and early childhood education is a time of rapid learning of personal, social, and emotional skills, development of communication and language skills, and motor and physical development (Ali et al., 2018; Thomas et al., 2011). Early childhood educators also differ from schoolteachers in that they provide care and education to children through play-based experiences driven by the child's interests, child-centred activities that are adapted to the needs of the child, and collaborate more closely with parents and caregivers of children in their care. Research has found that educators working in preschools tend to have more regular contact with parents and caregivers of young children compared to schoolteachers (Murphy et al., 2021; Rimm-Kaufman & Pianta, 2005). The different roles and ethos of early childhood educators compared to schoolteachers may result in different experiences, needs, and challenges of these educators when managing childhood trauma and dynamics with parents compared to teachers in primary and secondary schools.
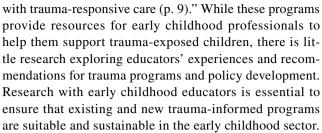
Trauma-Informed Practice and Programs

Internationally, several trauma-informed models and programs have been developed. These models provide professional learning for educators on the prevalence of trauma, the effects of trauma on development, the signs and how

to identify behaviours associated with trauma, and practical strategies for educators regarding how to support and respond to trauma-exposed children (Berger, 2019). Berger (2019) conducted a systematic review of studies on trauma-informed care in education settings, including early education, primary/elementary schools, and secondary schools. Results suggested trauma-informed programs result in better academic, emotional, and behavioural outcomes for students, and increased educators' knowledge and confidence in response to children with trauma exposure (Berger, 2019). However, only five of the thirteen studies examined trauma-informed programs in early childhood or preschool settings, with the remainder conducted in primary/elementary and secondary school settings.

Programs that have evaluated trauma-informed programs in the early education sector include research by Holmes et al. (2015) through an evaluation of the Head Start Trauma Smart (HSTS) program in the USA. This program is designed to "decrease the stress of chronic trauma, foster age-appropriate social and cognitive development, and create an integrated, trauma-informed culture for young children, parents, and staff" (Holmes et al., p. 1652). Following this program, teachers and parents noted that children's attention and behaviour (internalising and externalising behaviours) improved at both preschool and home (Holmes et al., 2015). Whitaker et al. (2019) examined the outcomes of the Enhancing Trauma Awareness course on US preschool teachers' perceptions and conflict with children from low-income families. Although the program was not found to reduce teacher reports of conflicts with children, educators reported improved relationships with preschool children. Saint Gilles and Carlson (2020) examined the HSTS program in a US preschool setting and found slight improvements in trauma-exposed children's social-emotional wellbeing. This study also found that preschool educators reported greater trauma-informed knowledge after participation in the program.

McConnico et al. (2016) evaluated the implementation and outcomes of the trauma-informed STRIVE model for children and early childhood professionals in the USA. This model involves training programs for early childhood professionals, curriculum to develop children's self-esteem and emotional wellbeing, and ongoing staff consultation for early childhood professionals. An evaluation revealed that the STRIVE program increased early childhood professionals' confidence and self-efficacy when supporting trauma-exposed children (McConnico et al., 2016). Similarly, Lipscomb et al. (2019) evaluated a trauma-informed online professional development program for US early childhood educators and results indicated this program supported and enhanced early childhood educators' "knowledge and application of practices consistent

with trauma-responsive care (p. 9)." While these programs provide resources for early childhood professionals to help them support trauma-exposed children, there is little research exploring educators' experiences and recommendations for trauma programs and policy development. Research with early childhood educators is essential to ensure that existing and new trauma-informed programs are suitable and sustainable in the early childhood sector.

Chudzik et al. (2022) recently conducted interviews with early childhood educators in the USA on their experiences supporting learners exposed to trauma and delivery of trauma-informed practices in a special education environment for children with disability. Participants reported that they required greater trauma training and support to address the needs of trauma-exposed children. Barriers to utilising trauma-informed care according to participants included insufficient trauma-informed training, insufficient support from organisations and co-workers, and high turnover of educators (Chudzik et al., 2022). Chudzik et al. suggested that trauma-informed policies and professional development may improve educators' trauma knowledge and the support they are able to provide to traumatised children in early childhood settings.

An Ecological Approach to Trauma

An ecological trauma-informed care approach was used to frame this research (DeCandia & Guarino, 2015). Specifically, the interview schedule developed for this study was designed to address different aspects of an educator's role supporting trauma-impacted children (e.g., working with children, parents, early childhood policies, and education regulations). This approach is informed by earlier theoretical work from Bronfenbrenner (1977), suggesting a child's development is influenced by multiple systems (e.g., health services, early education services, school, and family). More recently, this model has been applied to educator professional development and wellbeing (Berger, 2019; Berger et al., 2022). In the area of trauma-informed practice, DeCandia and Guarino (2015) discuss an ecological approach of trauma-informed care that involves three pillars: (1) the impacts of environmental factors on human health; (2) that health is impacted by social factors; and (3) trauma responses and interventions need to consider and target multiple systems, including the individual affected by trauma, their interpersonal relationships, and broader community structures. Community structures include not only government systems, but also community organisations, such as early education services. In the case of the current paper, we shine light on the importance of early childhood organisations and services in providing trauma-informed care to children.

Aim and Research Questions of the Current Research

The literature indicates that early childhood professionals play a crucial role in supporting children exposed to trauma, and trauma-informed programs in early childhood settings support both children exposed to trauma and educators. Given early childhood educators are working with children in a pivotal developmental phase, where intervention can impact developmental trajectories, it is essential to examine early educators' experiences working with trauma-exposed children to provide recommendations for policy development. This research is essential to ensure early childhood professionals are equipped to identify and support trauma-exposed children to improve their emotional, social, behavioural, and learning outcomes. While research has started to explore early educators' experiences with trauma and trauma-informed practices (e.g., Chudzik et al., 2022), the research is far too limited.

To the authors' knowledge, there is no research examining early childhood educators' experiences and recommendations for supporting children exposed to trauma in an Australian context. There is also no known research which has evaluated the benefits of trauma-informed programs in the Australian early childhood education sector. The aim of the current study was to explore the perspectives and recommendations of Australian early childhood professionals regarding their role supporting trauma-exposed children. For the purpose of this study, we focused on early childhood professionals of children aged zero to five years. This research is critical for developing recommendations and policies to better support early childhood professionals working with trauma-exposed children. The research questions for the current paper were: 1) What are the perspectives of early childhood professionals in relation to their role supporting trauma-exposed children?; and 2) What recommendations do early childhood professionals have for supporting children exposed to trauma?

Method

Research designed to capture the experiences and perceptions of individuals and groups is best conducted using a qualitative approach. This study extends on earlier research by the researchers (e.g., Davies & Berger, 2019; Berger, 2021a, b; Berger & Meltzer, 2021; Barrett & Berger 2021) on the experiences of primary and secondary teachers and school staff when supporting trauma-exposed students. This work also extends research by Chudzik et al. (2022) with early childhood special education teachers in the USA through exploring the experiences of Australian early childhood professionals when supporting trauma-exposed children. This research is critical for developing recommendations and policies to better support early childhood professionals working with trauma-exposed children.

Participants

Fourteen professionals working in Victorian early education services participated in the current study (refer to Table 1 for participant demographics). Participants' ages ranged from 35 to 60 years of age (M age = 49.43, SD = 8.36). The number of years of early education professionals' experience ranged from six to 38 years (M years = 20, SD = 11.48). Participants identified themselves as educators (n = 11),

Table 1 Participant demographics

Participant pseudonym	Participant age	Early childhood professional role	Number of years of professional experience
Anne	50 years old	Educator	19 years
Vanessa	58 years old	Educator	37 years
Lisa	38 years old	Educator	6 years
Kate	45 years old	Educator	22 years
Gina	45 years old	Educator	22 years
Ruth	51 years old	Educator	11 years
Silvia	49 years old	Educator	6 years
Emilia	38 years old	Educator	6 years
Theresa	50 years old	Educator	16 years
Florence	35 years old	Educator	11 years
Mila	56 years old	Educator	38 years
Linda	60 years old	Ancillary Staff (Supporter)	22 years
Denise	60 years old	Ancillary Staff (Supporter)	28 years
Jill	57 years old	Director of an Early Childhood Centre	36 years

ancillary staff/supporters ($n = 2$), and director of an early childhood centre ($n = 1$). Participants were provided with pseudonym names to protect their identity.

Measures

A semi-structured interview schedule was created to explore the perspectives of early childhood professionals working with trauma-exposed children. The interview schedule was developed based the authors' extensive research with schoolteachers regarding their trauma-informed knowledge and professional development (e.g., Davies & Berger, 2019). Participants were not provided with a definition of trauma by the researchers as the aim of the study was to capture educators' varying experiences of responding to trauma-exposed children. The interview schedule was organised into multiple sections including: (1) Experiences with trauma-exposed children (e.g., can you tell me about the experiences that you have had with regard to children that may have been exposed to trauma, if any?); (2) Trauma conceptualisations (e.g., what would you say are the most common types of trauma that you have seen, if any?); (3) Early education centre organisational protocols, resources, and support from colleagues (e.g., how do you talk about the topic of children and trauma with your colleagues, if at all?); (4) Involvement with parents (e.g., what can you tell me about your experience of parents or families who may experience trauma, if any?); and (5) Training needs (e.g., to what extent would you like to be more informed than you are now about children and trauma?).

Procedure

Ethical approval was provided by the Monash University Human Research Ethics Committee (approval number: 7983), and consent was obtained from the management teams of Victorian early childhood education centres approached for this research study. The research team approached centres who had expressed interest following the researchers' work on trauma-informed practice in primary and secondary schools. A snowballing approach was then used to recruit early childhood professionals in Victoria. Consent was obtained from individual staff prior to the interviews. Early childhood professionals who agreed to participate attended a semi-structured interview conducted over the phone at a time that was convenient. Educators were told that the study was about their experiences, perspectives, and recommendations when working with trauma-exposed children. Interviews were conducted in 2018 by research assistants trained in qualitative interviewing and analysis. The duration of interviews varied between approximately 20 min to 50 min. All interviews were recorded with consent

from participants and were transcribed by a professional transcription company.

Analysis

The current study used thematic analysis, which involves identifying themes and subthemes in qualitative data (Braun & Clarke, 2006; Clarke & Braun, 2013). Thematic analysis was chosen as the method to analyse the data because this analysis technique is appropriate when exploring new topics. Thematic analysis is also suitable for finding patterns and themes in semi-structured interview data (Braun & Clarke, 2006; Clarke & Braun, 2013). While an ecological approach was used to frame the study aims and interpret the findings, the interview data were analysed using an inductive and exploratory approach. The initial analysis of themes was conducted by the third author and 20% of the data (three transcripts) were cross-checked by another researcher. These two researchers met to discuss the themes and reach consensus on the final themes and subthemes. The final theme structure was then reviewed in multiple meetings between all researchers until agreement was achieved. Member checking of the data was conducted, which involved participants being sent their transcripts to make changes or add further information. No participant requested any changes to their original interview. All data were retained for analysis and write up of the results.

Results

Four themes emerged from the analysis, with subthemes also identified (see Table 2). The themes have been organised under each research question to articulate the findings of the study.

Research Question One – What are the Perspectives of Early Childhood Professionals in Relation to their Role in Supporting Trauma-Exposed Children?

Role Responsibilities and Challenges

Early childhood professionals reported daily role challenges when supporting trauma-exposed children in early education services. Participants discussed that their daily roles expanded beyond traditional teaching roles and involved emotionally supporting trauma-exposed children. Subthemes were identified that highlight the role responsibilities and associated challenges for early childhood professionals when supporting these children and included: (1) Responding to trauma-related behaviour; (2) Creating a safe environment;

Table 2 Themes and subthemes identified from the analysis

Themes	Subthemes
1. Role responsibilities and challenges	a) Responding to trauma-related behaviour b) Creating a safe environment c) Supporting families d) Working within organisational and government policies
2. Role effects on personal wellbeing	a) Emotional exhaustion b) Role fulfilment c) Social networks
3. Professional competencies and training recommendations	
4. Professional support from colleagues and managers	a) Organisational and external support b) Support from colleagues

(3) Supporting families; and (4) Working within organisational and government policies.

Responding to Trauma-Related Behaviour Participants discussed role challenges of responding to and managing trauma-related behaviours of children exposed to trauma, such as behavioural escalations. Early childhood professionals discussed their experiences in behavioural management, including identifying triggers for problematic behaviours and trialling alternative strategies (e.g., redirection using play items) to reduce problematic behaviours. Anne reported strategies such as: "*…moving them away from the situation or having sensory fidget toys and stuff like that or a special mat to sit on or if they've got a favourite toy; anything like that that can calm them down…*".

Participants commented on additional safety monitoring requirements of their role, including ensuring the safety of all children when responding to problematic behaviour. For example, Anne reported feeling concern for other children affected by the child's trauma-related behaviour, however, also felt concern for the trauma-exposed child: "*You just feel worried for the other children that are getting injured, but then you feel concerned for the traumatised children because what is going on in their head…*".

Creating a Safe Environment Early childhood professionals expressed the importance of creating a safe learning environment for all children, especially for trauma affected children to feel protected, comforted and have a sense of belonging. Kate reported: "*Giving them a place to be, knowing that they're safe, that you're there to comfort them, you know, that their friends are there to comfort them.*"

Early childhood professionals also discussed trying to enhance the child's experience in the school environment to promote their wellbeing. For example, Linda commented: "*So, you're always constantly trying to find different ways to try and keep them happy and keep them enjoying what's going on.*"

Supporting Families Participants emphasised the importance of working with family members of trauma-exposed children and of rapport building with parents to develop trusting relationships, where parents feel comfortable disclosing their child's trauma history. Early childhood professionals reported that it is valuable to know the trauma history from families to improve support for the child in the learning environment. Vanessa noted: "*…you first have to develop the right type of relationship with the family before they might divulge to you and talk to you about it.*"

However, participants also spoke about challenges of working with and gathering children's background information from parents. Participants highlighted parents of trauma-exposed children were often in denial regarding the impact of trauma exposure on their child. Further, early childhood professionals commented that parents were not always responsive to their attempts to communicate with them regarding their child's behaviour (especially if parents were separated). Participants reported that parents often limit contact with them when they attempt to collaborate to help address their child's trauma-related behaviours. For example, Jill commented: "*If it is a situation say where there's two parents not getting along, I'm not going to get much information, so that's a bit of a barrier, if the parents aren't seeing what we're seeing*". Other participants reported requiring education and skills to work with parents. Gina said this would be particularly helpful when working with young mothers: "*I'd like to learn more about young people having children…what the difference is, like with working with those mums, or how to tackle working with mums and helping them…*".

Additional comments made by participants included the role of working with families to connect them with health professionals and childhood support services. Lina stated: "*…our role in that is like I say we're sort of the first contact for a lot of parents, so our role would be like I said have the meetings, find out all the information we can and then bring in our field officer and from there, they're the people that would make the decisions of where to go…*" Ruth reported

"…it's my role to give the families some direction on where to go next and to put that care team in place to provide them with a team of professionals who could better support them."

Early childhood professionals reported barriers of working with parents, including parents not always following through on their recommendations and referrals to support and health services. They commented on significant gaps in the referral process, with limited systems in place for early childhood educators to follow up with parents after making a referral. Denise reported: *"If you don't follow it up and because the system has changed now and it's left entirely to the parents, if they don't follow it up nothing happens…"* Denise continued by explaining, *"when parents know about it but can't get over the fact that it's my child that has a problem…parents that will say yes we understand there is a problem and you give them all the information and you even assist them and you help them phone and get support and stuff and then nothing happens…"*.

Working within Organisational and Government Policies

Early childhood professionals commented on their role of working within organisational and government policies in relation to mandatory reporting of actual or suspected incidents of child abuse, maltreatment, or neglect. They reported that mandatory reporting laws in Australia required them to protect the safety of children by making a report to child protection if they identify signs of child maltreatment. Lisa reported: *"We've got sort of child protection policies, so, which is more talking about abuse or family violence, or those things that we have to report."* Gina discussed her role as being more reflective of a psychologist in relation to documenting and reporting trauma-related incidents and concerns: *"I think I'm a psychologist more than a kinder teacher now. Very methodical with recording."*

Role Effects on Personal Wellbeing

Early childhood professionals reported both positive and negative impacts of their job on their wellbeing. These included emotional exhaustion (e.g., emotional burnout from supporting traumatised children's needs and behaviour), role fulfilment (e.g., growth and positive aspects of supporting children exposed to trauma), and social networks (e.g., using professional and personal resources to help protect their psychological health).

Emotional Exhaustion

Early childhood professionals discussed that supporting trauma-exposed children with high behavioural needs can be emotionally exhausting and hearing details of a child's trauma can be personally confronting and traumatising. This, in turn, affects their emotional wellbeing outside of their professional role. Participants expressed feeling frustrated about not being able to ade-quately respond to challenging, aggressive behaviours from trauma-exposed children, and feeling responsible for the safety of both traumatised children and other children. This sense of responsibility can lead to feelings of inadequacy and emotional burnout. For instance, Silvia noted: *"sometimes I feel frustrated and exhausted, and sometimes I feel sadness because I'm just like, I can see that you really want to enjoy as much, but they just can't break through those barriers or the learning to get there and you can really see that…"*. Similarly, Florence reported experiencing burnout, which lead to personal turmoil: *"That year completely burnt me out and I needed to move, I was just starting to really lose all faith in humanity, I was, it was too dark…And was affecting my mental health and my lifestyle and so I needed to move on."*

On the other hand, some participants discussed having adequate support offered through government organisations and local government councils, which prevented them from experiencing mental health difficulties. Gina said: *"…we know where to get the support we need through [council name redacted], and they're pretty good. So, we have counselling, we have mental health days, and yeah."*

Role Fulfilment

Despite the psychological challenges of their role, participants recognised that responding to trauma-related behaviours and working with trauma-exposed children helped them grow professionally. Mila commented that: *"it's been challenging but rewarding and also, I think, professionally a growth process too for me."* Early childhood professionals also discussed a feeling of fulfilment with being able to provide a safe and stable environment for trauma-exposed children. Silvia expressed: *"But no, I think – I'm happy with what I'm doing and I'm – I think we've made a difference and that's it. Made these little people feel safer and they know what's going to happen and yeah."*

Social Networks

Early childhood professionals discussed the importance of connecting with their social networks to help them cope with the psychological challenges of their role and to alleviate emotional burnout. They highlighted the benefits of debriefing and venting on their personal wellbeing. Vanessa highlighted: *"I have a very supportive husband, so some days I can debrief with him."* Silvia reported on the catharsis of debriefing with their friends: *"For me a lot as well is my friends that I can – I'll go oh god I can't believe what got [sic] said today – and it's just – you need to verbalise it because otherwise it will eat you inside."*

Research Question Two – What Recommendations do Early Childhood Professionals have for Supporting Children Exposed to Trauma?

Professional Competencies and Training Recommendations

Participants discussed their professional skills and competencies in relation to responding and working with trauma-exposed children. Early childhood professionals recommended more trauma knowledge and training to understand and respond to trauma-related behaviours in their educational context. They expressed a lack of knowledge of trauma, including how trauma may manifest in a child's behaviours. Participants commented that more education would be helpful for them to understand trauma and trauma-related behaviours. Ruth noted: "*…I feel like we have a very limited acknowledge [sic] until such a time as a child presents with some form of trauma…I don't feel like I had anywhere near enough education about trauma prior to this year…*" In the absence of training, early childhood professionals reported using a trial-and-error approach when responding to behavioural escalations. For example, Denise expressed: "*We realise that sometimes we will even maybe after 10 min if we have tried to work with a child and it's not happening, we will turn around and say I think it might be a different approach…*".

Early childhood professionals also reported uncertainty on how to best support trauma-exposed children in learning environments. Despite participants reporting they received some professional development on trauma, they expressed a need for practical training in behavioural management to assist them in responding to challenging behaviours in the education services. Ruth reported apprehension and a lack of knowledge when responding to trauma-related behaviour: "*Concerned that we're not able to help in those situations, not able to modify the challenging behaviour, overwhelmed sometimes by the lack of knowledge…*". Vanessa suggested training to develop a tool kit to use when responding to trauma-related behaviours: "*Yes, just to make sure you're on the right track and maybe a few guidance skills, practical skills, that you can use, behaviour skills that you can use, strategies that you can use with children.*"

Participants also reported feeling uncertain on how to address specific incidents of trauma appropriately, such as sexual abuse. For example, Lisa reported: "*yeah, they'd definitely be situations where I'd feel fairly confronted and not, I'm pretty unsure about what I could do. I, so I, pretty sure I haven't, like I guess for an example, a child who's experienced sexual abuse.*"

Lisa also provided suggestions on types of training she thought was important to help respond to children affected by trauma: "*…getting an overview of what trauma is and different types, so like I guess case studies or just examples.*"

Professional Support from Colleagues and Managers

Early childhood professionals discussed the importance of receiving support when working with trauma-exposed children. They spoke about receiving support within their educational service and from external organisations and health professionals.

Organisational and External Support Early childhood professionals discussed the crucial role of professional support within their organisations from preschool field officers when responding to trauma-related behaviours. Participants tended to report positive experiences when collaborating with preschool field officers and other government and health services, as this helped staff acquire understanding and skills when responding to trauma-related behaviours. Denise expressed: "*…our field officer [supervisor] is amazing…she has come in quite a bit and given us quite a lot of information and different strategies on how to help children…*" Silvia expressed the benefit of having external agencies provide support, knowledge, and assistance: "*…we've had a child psychologist come in, we've had a behavioural therapist come in, we've had a play specialist just to see how they plan, and the paediatricians… Yeah that was helpful because they then, send us some documentation, some information…*".

On the other hand, others discussed lacking support in behavioural intervention and reported that connecting families with support services was a complicated process. Early childhood professionals expressed requiring support as they can be unsure where to refer trauma-exposed children for intervention. Vanessa reported: "*A lot of staff don't get support on how to deal with children. Actually, the thing I find hard is that sometimes there's nowhere to send children or get children help.*" Lisa reported wanting more support for staff, the child, and families: "*…more support as to what to do with, if a child is experiencing trauma, so where, support for the child themselves, support for the families, strategies that could be used for us, like in the classrooms…*".

Comments were also made by early childhood professionals in relation to lacking resources, time, and additional staff. They commented on the lack of government funding and finances to provide extra support to traumatised children without formal diagnoses. Emilia expressed: "*And coz [sic] you've only got 2 staff coz [sic] you can't get any extra funding, you really can't, you struggle to provide all that time and support you need to give them…*" However, Theresa reported educators do their best to manage the demands and support all children with limited staff and time: "*With five good quality staff members, we've actually got some in the pool learning to float, no-one's drowning, everyone's going home safe. Six quality staff members – everybody has learnt to swim.*"

Lisa provided a recommendation to improve staff resourcing to support trauma-exposed children: "*I guess demographics or areas where there's known to be high levels of trauma or disadvantage or that sort of thing. That maybe those services could be funded with extra staff, or even specialist staff like with a speech person [speech therapist] in those services, rather than relying on the current sort of model…*".

Support from Colleagues Early childhood professionals reported receiving support from their fellow colleagues and helping each other with behavioural challenges, debriefing on trauma-related incidents and strategies to address behaviours. Lisa reported: "*…we just work as a team, like we always sort of, we'll back each other up and if some, you know if we're working with a child and the behaviour is, they're not responding to the person who's working with that child, then we'll swap out…*" Support also included coping by using humour. For example, Silvia mentioned: "*At the end of the day you've got to laugh at it. You've just got to go – you know he's not, doesn't meant [sic] it – and we'll make some jokes and things, just trying to keep it light-hearted that, we've all done an amazing job.*"

Discussion

This study explored the perspectives of early childhood educators regarding their role supporting trauma-exposed children. This research is important because there is a lack of research addressing this topic with early childhood educators. Early childhood professionals highlighted positive aspects of their role working with trauma-exposed children, including learning from these experiences and being able to help children exposed to trauma. However, educators also reported experiences of emotional burnout when supporting learners exposed to trauma. Participants commented that their role includes educating and supporting children exposed to trauma, comparing their work to mental health professionals (e.g., psychologists). However, early childhood professionals suggested they have insufficient training to identify and support trauma-exposed children and their families, and reported that the early childhood sector requires greater access to mental health professionals and services to better support traumatised children and their families. Early childhood professionals also identified the importance of support from colleagues when working with trauma-exposed children. The findings of this research support the results of earlier work from primary and secondary schools (Alisic, 2012; Berger et al., 2021a, b; Berger & Meltzer, 2021; Barrett & Berger, 2021), and Chudzik et al.'s (2022) results in the early childhood special education sector in the USA. Together, these results highlight the need

for trauma-informed professional learning and training for early childhood educators. Trauma-informed professional development could expand early education professionals' competencies and confidence when working with trauma-exposed children.

In a systematic review of trauma-informed programs in schools and early childhood settings, Berger (2019) found few evidence-based trauma-informed professional development programs for early childhood educators. Programs with early childhood professionals include the Roots of Resilience program (Lipscomb et al., 2019), the STRIVE program (McConnico et al., 2016), HSTS (Holmes et al., 2015; Saint Gilles & Carlson, 2020), and the Enhancing Trauma Awareness Program (Whitaker et al., 2019). These trauma-informed programs have been shown to enhance early childhood educators' trauma knowledge (Saint Giles & Carlson, 2020; Lipscomb et al., 2019) and self-efficacy when responding to trauma-exposed children (Whitaker et al., 2019). The results of this study indicate that it is imperative for researchers to continue to develop and evaluate trauma-informed programs for early childhood professionals. This research can be used to inform which program components may be most beneficial and suitable for professionals in early education services. Results of this study show that early childhood professionals may benefit from professional development opportunities with behavioural therapists and child psychologists to learn behavioural management techniques, and practice skills and strategies to address trauma-related behaviour. Educators also suggested that they require training on ways to support families and how to work within complex systems of support for children exposed to trauma.

The themes identified in this research support the ecological approach of trauma-informed care, professional development, and support for educators (Berger et al., 2022; Berger, 2019; DeCandia & Guarino, 2015). Participants recommended that multiple systems need to work collectively to identify and support trauma-exposed children, families, and support the wellbeing of early education professionals. First, educators require professional development to understand trauma and the impacts on students' behaviour, and require skills and strategies to manage their own self-care. Educators also require training to work with parents, support colleagues, and manage any critical incidents that might increase or lead to trauma in children. Finally, to address the needs of educators at the ecosystem level of the ecological framework, broader organisational and Government policies and resources on trauma-informed practice are required. A recent policy published for schools on trauma-informed practice has been developed by Berger and Martin (2021), however no known policy is available for early childhood educators.

In addition, informal support from colleagues and social networks, as well as formal support from organisations and

Governments, through training and personal support (e.g., counselling), are required to help educators to best support children impacted by trauma and prevent secondary distress. Personal support, including psychological counselling, peer consultation with experienced senior staff, and education on self-care strategies are essential to prevent emotional burnout in education professionals (Davies & Berger, 2019). Results from the current research indicate that early educators experience emotion exhaustion and burnout from role demands associated with supporting traumatised children (e.g., managing challenging behaviours). However, educators also experience fulfilment from their careers and have many strengths to combat burnout, including connection with their formal and informal social networks (Berger et al., 2021a, b, ; Berger & Meltzer, 2021; Barrett & Berger, 2021). The benefits of professional support and development have been documented in research by Lipscomb et al. (2022).

Limitations

This paper was one of the first to explore early childhood professionals' experiences of supporting trauma-exposed children. This study builds on earlier work on the experiences of primary and secondary school teachers by focusing on Australian early childhood professionals' experiences of responding to trauma-exposed children. Nevertheless, this paper is not without limitations. The current research did not define trauma for participants or ask for their definition of trauma. Therefore, it is recommended future research asks early education professionals to define trauma or provides educators with a definition of trauma prior to interviews. However, the nature of the interview questions and responses from educators ensured that the types of experiences reported by educators related to different types of traumatic events in childhood. Further, the current study examined the experiences of early childhood professionals and included those in different roles within the early childhood sector. Future research may consider exploring the specific experiences of early childhood educators compared to early childhood leaders and support staff. This research could help educational policymakers to target training and programs based on the specific role requirements of early education staff. For example, educators may benefit from training addressing behavioural strategies for children exposed to trauma, while leaders may require training on ways to support the emotional wellbeing of staff.

Consistent with recommendations made by Davies and Berger (2019), further research may also consider exploring early childhood pre-service educators' experiences of supporting children exposed to trauma. Similarly, quantitative research is recommended to explore the relationship between educator exposure to traumatised children, educator trauma-informed professional learning, and educators' knowledge and skills to identify and support trauma-exposed children. This research increases understanding on how prepared educators are to support children exposed to trauma and potential gaps in their professional learning. This research also provides valuable recommendations for policymakers on how to better prepare early childhood educators with the skills required to support trauma-exposed children and their families. A limitation of the current research is the results are only specific to one Australian state (i.e., Victorian early childhood educators and services), and this research should be replicated in other Australian states and countries. Currently, the majority of research and trauma-informed programs have been delivered in the USA. Finally, the sample consisted of 14 early childhood educators and contained educators aged over 35 years of age with six or more years of experience in early childhood education. Prior research by Berger et al. (2021a, b; Berger & Meltzer 2021; Barrett & Berger 2021) suggests that teachers with more years of experience are more confident in response to trauma-impacted children compared to educators with less experience. Therefore, future research may benefit from conducting a similar study with younger early childhood educators and those with less years of experience, or a quantitative study to explore the association between educators' age, years of experience in early childhood, and knowledge and confidence to respond to trauma-exposed children.

Conclusion

This research documented the experiences and recommendations of early childhood professionals when supporting children exposed to trauma. Early childhood professionals emphasised their demanding role responsibilities, aspects of role fulfilment, impacts of their role on their emotional wellbeing, and the mental health benefits of supportive colleagues and informal support networks. A key finding from this paper is that more training and support to improve early childhood professionals' competencies and ability to cope with the role demands related to supporting trauma-exposed children is warranted. More specifically, early education professionals suggested that as a sector, they require more knowledge and training on trauma and how to support children impacted by traumatic events. This study has critical implications for future research and education policy for the implementation of professional development and trauma-informed programs within early childhood education services more broadly.

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