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# TRAUMA-INFORMED CARE FOR SUPPORTING THE MENTAL AND PHYSICAL HEALTH OF YOUTH EXPERIENCING HOMELESSNESS (YEH)

## A RESEARCH BRIEF SERIES

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# EXECUTIVE SUMMARY

**The goal of this brief is to provide a summary of research from various scientific and educational fields on trauma-informed care (TIC) for educators and administrators supporting the mental and physical health of youth experiencing homelessness (YEH), with specific recommendations related to the COVID-19 pandemic.**

## Background

The COVID-19 pandemic gave rise to calls for TIC in schools to support students for whom the pandemic caused trauma or exacerbated prior trauma. Among those with preexisting trauma are YEH, an often-overlooked group of students who could potentially benefit from TIC. Over one million youth (under the age of 18) experience some form of homelessness during the school year in the United States. Within the state of Illinois, about 36,533 students are estimated to have experienced homelessness during the 2021-2022 school year. When these data are disaggregated by county, the highest numbers of YEH are in Cook County (Chicago metro area), but the highest rates of YEH are in several southern counties.

YEH cite several reasons for experiencing homelessness, including family breakdown, economic problems, and residential instability, although systemic inequities in housing and employment can be pointed to as root causes. YEH also have many intersecting identities with other historically marginalized groups such as LGBTQ+, those experiencing low income, survivors of abuse, and those with experiences in the foster care system and juvenile justice system. Because of these intersecting identities and common reasons for becoming homeless, YEH are more likely to have experienced some form of trauma that can affect their physical and mental health. Moreover, the COVID-19 pandemic has greatly exacerbated physical and mental health issues, which in turn can exacerbate existing trauma. This further highlights the possibility for schools to adapt TIC to help those students who need it most.

YEH are at a higher risk of experiencing adverse physical health issues (e.g., higher risk for infections and diabetes) and mental health issues (e.g., psychiatric mood disorders, substance abuse and dependence, anxiety and depression, suicidal ideations and behaviors, and suicide attempts) compared to their peers who have stable housing. YEH also face high barriers to accessing necessary health resources, be they in school

or other facilities. Because of the closures that occurred (or are still occurring) due to the pandemic, these barriers multiplied; YEH were left for prolonged periods of time without many needed resources (e.g., safe places, secured housing and food, counseling, vaccines, etc.).

## Key Takeaways

We provide recommendations for both educators and administrators on TIC that are tailored towards YEH against the backdrop of the COVID-19 pandemic. For educators, there are seven recommendations and examples of what these may look like in the classroom (see the table below). For administrators and individuals who are concerned with TIC for a larger system, there are four recommendations: (1) connect students to professionals and resources that can help; (2) work with YEH and other critical stakeholders to develop effective, empowering, and comprehensive services; (3) support YEH with other aspects of their identities; and (4) collaborate with community partners to address systemic causes of homelessness.

| Table 1.  Pandemic-specific and general TIC for YEH, and what it may look like in a classroom and school. | |
| --- | --- |
| **Trauma-Informed Care** | **Strategies for Practice** |
| Avoid any practices that may contribute to retraumatizing YEH. | Instead of asking students to share what they did during a summer or winter school break (which may have looked very different for YEH during COVID-19), ask students to imagine their ideal day and what would happen. |
| Ensure all students feel safe and secure in the school building and around all faculty and staff. | Introduce everyone who comes into the room and listen to your students if they say they feel unsafe or uncomfortable around visitors. Offer masks and hand sanitizer to visitors (or other items that may make students feel safer with visitors). |
| Ensure mental and physical health information and services are available and easily accessible to YEH. | Create a board in your classroom, hallways, offices, or bathrooms that contains all the information needed to seek out physical and mental health services. Mention and normalize the boards to remove any stigma about reading or taking information from the board. Openly discuss the impacts of COVID-19 (or other emergencies) on different communities, strategies for recovery, and how to contact school counselors and social workers. |
| Create a culture of support in your learning environment. | Set (and reset) expectations every quarter and have students sign a "contract" to uphold themselves and others, respectfully, to a culture of support and empathy in the classroom. |
| Allow space for social emotional learning in your classroom to promote self-awareness and self-regulation as a means for calming stress and anxiety. | Name emotions frequently, model this for students, and share realistic tools (such as using a mood meter, participating in brain breaks, or using sensory toys) for managing and expressing emotions. |
| Create a routine in the classroom to allow for a predictable environment. Within the routine, give students some freedom and flexibility to make decisions about their day. | Every day at 10am is reading time for the class, but each student can pick any book they choose to read and pick a cozy spot in the room for their reading time. |
| Educate yourself and those around you of what trauma is, what groups are most susceptible to trauma, and how to empower students in your classroom. | Institute a journal/book club with teaching partners and faculty or enroll in an online course (like https://militaryfamilieslearningnetwork.org/trauma/) about childhood trauma and TIC in the classroom. |

# FULL REPORT

## Introduction

The COVID-19 pandemic has shed light on the trauma imposed on youth by their circumstances (e.g., housing instability, food insecurity, toxic familial relationships). It has also disproportionately affected marginalized communities and those with preexisting trauma. To learn more about trauma in children, see IWERC's introductory brief *Trauma-Informed Care in Illinois Education Settings: An Introduction to a Research Brief Series.*[1] This brief focuses on youth experiencing homelessness (YEH) and specifically how their physical and mental health have been adversely impacted by the global pandemic. As the pandemic recovery continues, YEH will benefit from trauma-informed care (TIC) to support their health and academic success.

This brief discusses several causes of homelessness cited by youth (such as abuse, neglect, etc.) that may lead to potentially traumatic events and how that trauma impacts their physical and mental health. However, it is important to acknowledge the larger systemic inequities and injustices that lead to homelessness in the United States. The root causes of homelessness in the U.S. are lack of affordable housing and low and instable income.[2,3] Moreover, racial disparities are seen in both these causes, with people of color more likely to experience inequitable housing practices (e.g., historic redlining of cities) and more likely to experience poverty.[4,5] While this brief also discusses the demographics of people who experience homelessness and their intersectional identities, it is important to note that these identity factors are not the cause of (or to blame for) one's homelessness. The goal of discussing these factors is simply to acknowledge the inequitable disparities that exist among the population of people who experience homelessness and the fact that historically minoritized groups (such as Black, LGBTQ+, etc.) are more likely to experience homelessness because of these systemic injustices.

## What is homelessness?

> ### *Definition:*
>
> Those experiencing homelessness "lack a fixed, regular, and adequate nighttime residence." [6] Individuals who are considered to be experiencing homelessness can be either sheltered or unsheltered. Those who are sheltered may have nighttime residences in shelters, hotels or motels, or are "doubled up," meaning they sleep in a friend's or family member's home. Unsheltered individuals sleep outside (including in tents or encampments) or in places that are not meant for humans to sleep.[7] While unsheltered individuals make up about 39% of all those experiencing homelessness, unsheltered conditions are not as common among young people (4.7%).[6]

This brief focuses on youth experiencing homelessness (YEH). We define *youth* as people under the age of 18. This definition differs from other definitions commonly used by federal agencies, such as the U.S. Department of Housing and Urban Development (HUD), which define youth as people aged 18-24. We are not using this definition herein as we focus on K-12 youth in schools that are typically under the age of 18.
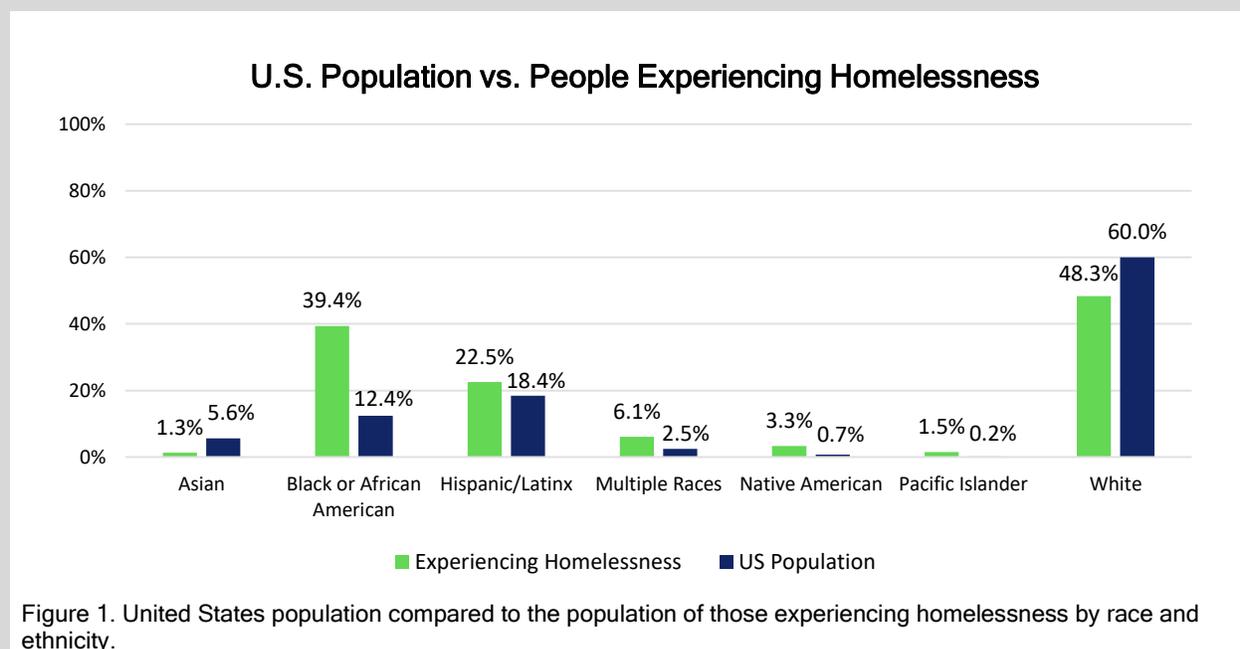
Before moving on, it is important to note that national and state numbers of those experiencing homelessness are *estimates*, and many of the estimates vary widely from source to source. Counting people who experience homelessness is inefficient, with most counts occurring on a single day each year. For instance, point-in-time (PIT) counts are carried out by Continuums of Care (regional or local bodies) and these groups are required to count on a single night in January the population of "people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens." People who are experiencing homelessness who are unsheltered are counted every other year (on odd numbered years).[8] So, if you are not in a shelter on the night of the PIT counts, you are not counted. And unsheltered people are not counted as often as sheltered people. For youth in schools, the Illinois State Board of Education (ISBE) collects data that includes a "homeless" metric on the last day of September each school year.[a] However, to be included in this count is contingent on students or parents disclosing their housing status. Moreover, if students experience homelessness later in the school year, they would not be included in the count for that school year. Because of these reasons, the numbers reported here as well as in other reports are often *underestimates*. Thus, homelessness is a much bigger problem proportionately than what is reviewed herein.

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[a] Homelessness status data collection time confirmed via email communications with a Principal Consultant at ISBE.

## Who are the people experiencing homelessness?

**General population of those experiencing homelessness.** In the United States, it is estimated that more than half a million people experienced homelessness on a single night in January 2020.[6] Within this PIT count, demographic data were collected on the more than 580,000 people experiencing homelessness[6]:

▶ More than 50% of all people who experienced homelessness in the U.S. were in a major city.

▶ Sixty-one percent of those experiencing homelessness were counted in a sheltered location, with the remaining 39% unsheltered.

▶ People who experienced homelessness were more likely to be over the age of 24 and identify as a man.

▶ Those who identify as Black, Hispanic/Latinx, Native American, Pacific Islander, and Multiple races were disproportionately overrepresented in the homeless population by 1.2 to 7.5 times more than their relative make-up of the United States (see Figure 1).[6,9]

### U.S. Population vs. People Experiencing Homelessness



Figure 1. United States population compared to the population of those experiencing homelessness by race and ethnicity.

**Youth experiencing homelessness.** Nationally in 2020, about 18% of those experiencing homelessness were under the age of 18 (about 100,000 youth).[6] However, estimates are much higher when considering the number of students who experienced homelessness at least once during the school year (over one million).[10,11] In addition, YEH have intersecting identities with other historically marginalized groups[11-13]:

▶ One-third of YEH have been within the foster care system.

▶ Between 20-40% of YEH identify as LGBTQ+.

▶ YEH are more likely to be from low-income backgrounds.

▶ Half of all YEH have been in juvenile justice system.

▶ Many YEH have experienced or witnessed physical or emotional abuse from caregivers.

▶ Unaccompanied youth (YEH who are without a caregiver) are more likely to be girls, Black/African American, Native American, and/or LGBTQ+.

According to ISBE, an estimated total of over 36,533 youth were experiencing homelessness as of the last day of September during the 2021-2022 school year (22SY)[14], which is just under 2% of all PreK-12 students in Illinois. However, when the data is disaggregated by county and by rate, the story changes. As seen in Figure 2, while the *highest number* of YEH are in Cook County (Map A; estimated at ~18,500), the *highest proportions* of YEH among PreK-12 students are in southern Illinois counties, with several counties reaching more than 10% (Map C).[b] Further, when considering the rural/urban classification from the Illinois Department of Public Health (IDPH)[15], there are higher populations of YEH in urban counties (Map B, darker purple), but there are higher rates of YEH in rural counties (Map C, darker teal), signaling a much larger problem of homelessness in those counties.
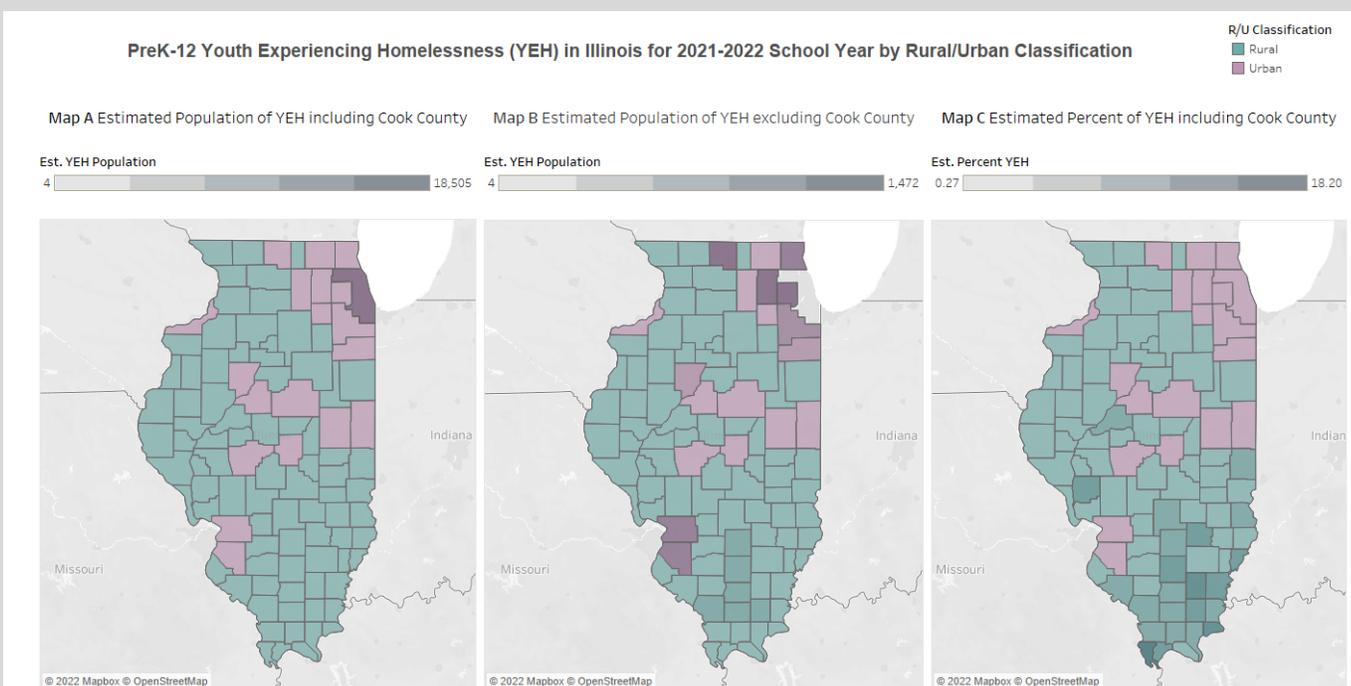


Figure 2. Three maps of Illinois showing the estimated total population with the inclusion (Map A) and omission (Map B) of Cook County and estimated average percent (Map C) by county of youth experiencing homelessness (YEH) created by IWERC. Counties have been classified as rural (teal) or urban (purple) based on the IDPH classification. Color gradients differ based on population and relative percent, with lower population counts and lower percentages being lighter and higher population counts and higher percentages being darker hues. An interactive version of these maps can be found at IWERC's website.

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[b] Note on data: Data were collected by the Illinois State Board of Education (ISBE) Fall Enrollment Counts on the last day of September during the 2021-2022 school year. Percent YEH was based off PreK-12 Fall Enrollment Counts. Due to privacy reasons, ISBE does not specify schools with fewer than 10 students within a demographic. Thus, we imputed 3.5 as the count of YEH within each school that reported a count of <10, as this was the closest count to the total YEH reported by ISBE of 36,533. We then aggregated all school counts (including imputed) to the county level.

When looking at the counts across several school years both before and during the COVID-19 pandemic, we (IWERC) observe a dip of reported YEH in the 2020-2021 school year (Figure 3). While the decline in reported YEH is quite small (0.2%), it is equivalent to more than 5,600 students. We speculate that the YEH population was undercounted in 2020-2021 due to changes in schooling caused by the pandemic (e.g., increased remote learning, for example). This reasoning is perhaps made more evident by the return to 2% YEH within the PreK-12 population the following school year. So, while undercounting those who experience homelessness is unfortunately common (as noted above), the COVID-19 pandemic may have worsened undercounting of YEH in schools.
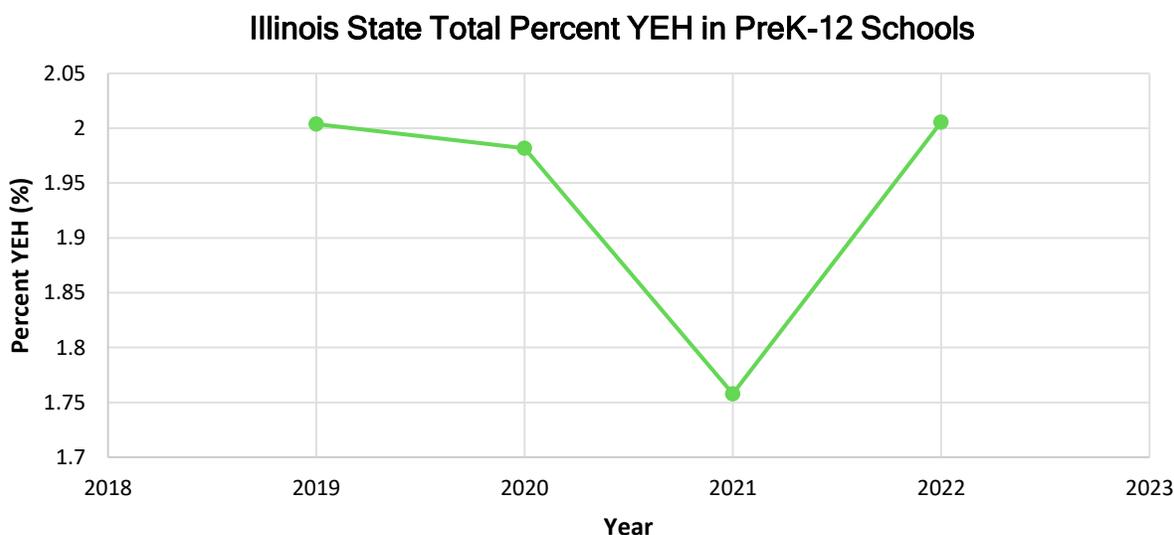


Figure 3. State total percent of YEH in PreK-12 schools during the 2019-2022 school years. An interactive version of this graph can be found at IWERC's website.

## How do youth become homeless?

While there is no single cause for homelessness (and systemic reasons have been discussed above), most YEH have named reasons that fall into one or more of these categories: family breakdown, economic problems, and residential instability.[16] Family breakdown, the most commonly cited reason for YEH, can include (but is not limited to) rejection of sexual orientation or gender identity[12], parental substance abuse[16], sexual, physical, and/or psychological abuse from family members[17], and other potentially traumatic events. Economic problems that lead to homelessness can take the shape of unemployment, changing housing assistance policies, and local economic instability.[18,19] Residential instability (frequent mobility over short intervals of staying) is a common precursor to homelessness and is more common for individuals and families

with low incomes.[20] Residential instability for youth (and possibly their families) has several systemic sources, such as the current housing market and neighborhood characteristics (crime rate, low SES, etc.). It is also the result of more personal reasons such as job loss and fleeing domestic violence.[20,21]

## Why are the physical and mental health of YEH important to think about in academic settings?

Previous research has shown that trauma and the physical and mental health of students impacts academic success.[22-24] Specifically, better physical health, such as adequate nutrition, has been linked to better attention spans, higher attendance, and higher achievement in school.[25,26] In terms of mental health, stress and other mental health issues, such as depression, have been linked to lower academic performance.[24,27]

A student's physical and mental health may be affected by experiencing homelessness. YEH suffer higher rates of physical and mental health issues relative to other populations, such as those with stable housing or higher income (more on this in the next section).[16] Moreover, these health issues may be a result of trauma or themselves turn into trauma.[1]

To take it one step further, COVID-19 has impacted physical and mental health for all Illinoisans, including those who had underlying physical and mental health conditions. Because many YEH have existing trauma, the pandemic exacerbated and even compounded physical and mental trauma. Moreover, experiencing multiple traumas may affect cognitive development for youth.[28] Thus, the pandemic has highlighted the need for Illinois educators and administrators to consider using TIC in their classrooms and schools during the pandemic, especially for YEH.

## COVID-19 and Potentially Traumatic Events

While there are many aspects of trauma we could focus on, this brief on YEH will center on supporting the physical and mental health needs of these students during the pandemic recovery period. YEH, as a population, are more susceptible to negative physical and mental health issues because of the aspects associated with becoming homeless as reviewed above. With the introduction and prevalence of COVID-19 into communities, YEH have a higher chance of experiencing exacerbated physical and mental health issues (see summary in Figure 4).
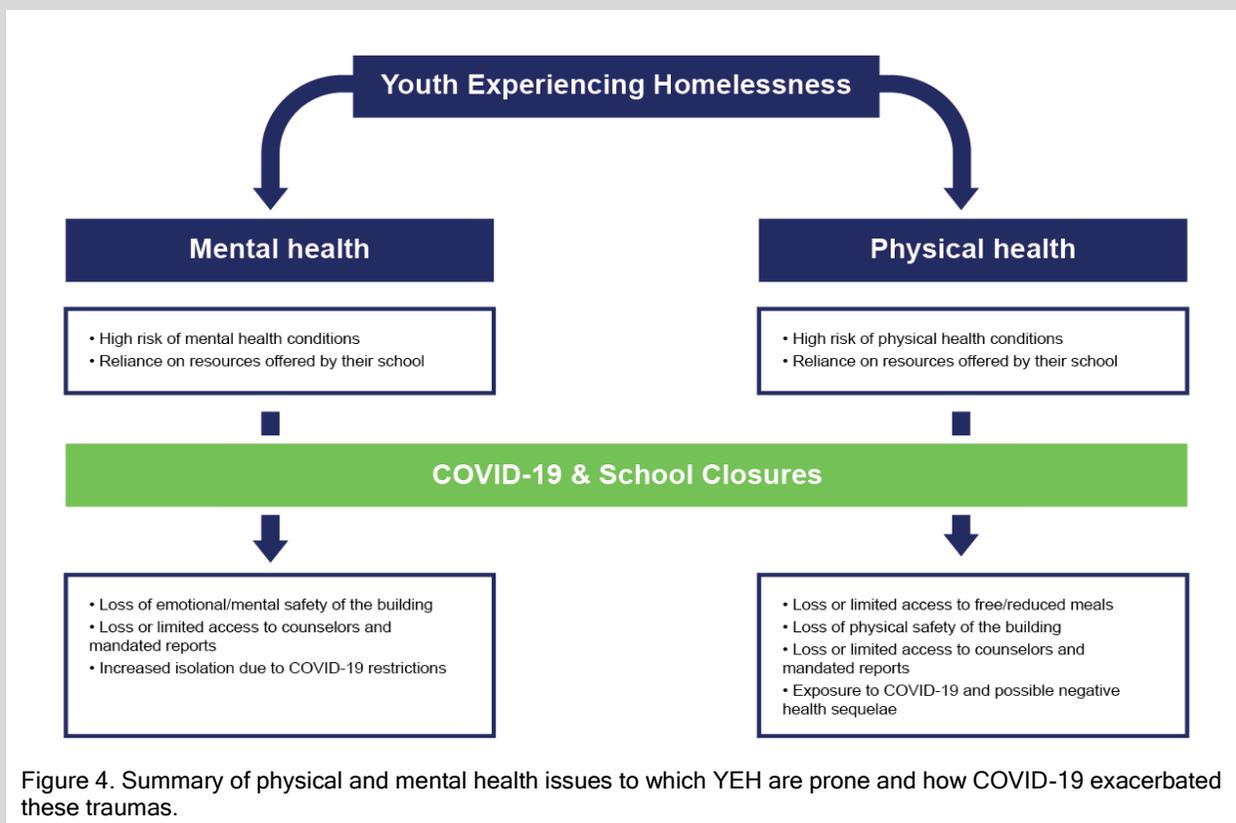
Figure 4. Summary of physical and mental health issues to which YEH are prone and how COVID-19 exacerbated these traumas.

## Physical Health

Because of their living situation and how they became homeless, YEH are at high risk of poor overall health (e.g. higher risk for infections, diabetes, and dental problems), substance abuse and dependency issues, pregnancy, history of physical and sexual abuse, and contracting sexually transmitted diseases.[16,29,30] Moreover, YEH are at risk of negative health sequelae, meaning they may develop chronic conditions resulting from prior disease, injury, or trauma.[31] Moreover, YEH have limited access to essential healthcare services.[32-36] One study examined the barriers to healthcare from the perspective of providers. Researchers found that in order for healthcare to be accessible to YEH, five aspects need to be met: (1) approachability (e.g., awareness of services), (2) acceptability (e.g., inclusive to all genders and sexual orientations and provide TIC), (3) accommodation (e.g., offering navigation assistance through the complex healthcare system), (4) affordability (e.g., free or low-cost care), and (5) adequacy (e.g., continuity of care).[35] Without these criteria, YEH are not able to access the care they need on a day-to-day basis, let alone during a global pandemic when much of the healthcare system came to a halt, moved to telehealth, or had limited appointment slots.

Overall, those experiencing homelessness were and still are disproportionately affected by COVID-19. First, as noted above, people of color are disproportionately overrepresented in the homeless population. It has also been found that COVID-19

impacts people of color the most, only further marginalizing this population. Second, in the early stages of the pandemic, the Centers for Disease Control and Prevention (CDC) warned that those experiencing homelessness were at higher risk of contracting COVID-19 due to large gatherings in close quarters, as many homeless services are provided in such a way (e.g., homes, offices, shelters).[37] Additionally, the CDC noted the possibility that those experiencing homelessness were at higher risk of *severe* effects of COVID-19, due to a high proportion of the population having underlying illnesses, as outlined above.[37]

Moreover, the CDC released a report stating that as of August 2021, those experiencing homelessness were underrepresented in the fully vaccinated population (two doses) with vaccination rates from six urban jurisdictions (including Chicago) between 18.6% to 44.5% compared to the general population rates between 43.6% to 59.8%.[38] However, vaccinations for youth under the age of 17 have been slower to release: youth aged 12-15 were not eligible for the COVID-19 vaccine until May 2021; 5- to 12-year-olds were eligible starting in November 2021; and as of this publication children 4 years and younger are still not eligible. Slow vaccine rollout for those experiencing homeless and for children are putting YEH at higher risk of contracting COVID-19.

> *"YEH not only have disproportionate effects from COVID-19 because they are experiencing homelessness, but they also were and still are impacted by school closures that resulted from the pandemic."*

YEH not only have disproportionate effects from COVID-19 because they are experiencing homelessness, but they also were and still are impacted by school closures that resulted from the pandemic. Where school was once a guaranteed space, it was replaced by remote learning. This resulted in loss of access to school resources aimed at maintaining good physical health (e.g., guaranteed access to meals, safety of buildings, counselors).[39] The loss of these resources for a year or more could have lasting consequences (e.g., added trauma from hunger and loss of safety or prolonged period without a health check) that must be considered even now.

## Mental Health

Due to the circumstances and trauma that led youth to become homeless, mental health issues are prevalent in the YEH community. Moreover, experiencing homelessness has long-term consequences on mental health if YEH are not given the resources or help they need. When compared to their peers who have stable housing, YEH are more likely to experience adverse mental health disorders and outcomes such as:

- ► Post-traumatic stress disorder (PTSD)[16]
- ► Psychiatric mood disorders[16]
- ► Substance abuse and dependence[29,40,41]
- ► Anxiety and depression[42]
- ► Suicidal attempts and ideations[41,42]
- ► Attention deficit hyperactivity disorder (ADHD)[41]

Even before COVID-19, youth suffering these mental health problems needed support from their schools. But, as it did with physical health issues, COVID-19 exacerbated mental health disorders. For instance, increased isolation (like that experienced when schools and essential services closed) can worsen illnesses such as depression and suicidal ideations.[43-45] In fact, one study of young adults aged 18-25 facing homelessness during COVID reported that between 38-48% of respondents experienced mental health symptoms within the past week, but close to the same amount of respondents (32-44%) had trouble accessing behavioral health services.[46] In short, despite the pandemic worsening mental health issues, it also limited the availability of services to help alleviate suffering. For YEH, the same access issues occurred with the lack of guaranteed and continuous school resources such as counselors and peer/teacher support.[39] The lapsed time in essential mental health services YEH sustained because of the pandemic underscores the issues that educators and administrators may face in attending to TIC for these students.

## TIC: For Educators

Within the tenets of TIC, there are many strategies and approaches one could take, especially within the classroom. Regardless of one's relationship with YEH (e.g., peers, caregivers, educators, mentors), it is important to practice self-regulation to manage one's own feelings and reactions to effectively support youth recovering from trauma. Below are seven strategies for educators, along with research that supports these strategies for YEH who experienced trauma.[47,48]

1. **Avoid any practices that may contribute to retraumatizing YEH.** The effects of COVID-19 exacerbated trauma or retraumatized individuals with existing trauma, such as YEH. Moreover, it is important not to use any practices that may contribute to retraumatizing YEH, be they experiences from homelessness or in conjunction with COVID-19. This is because those who have already experienced trauma are more likely to experience future traumatic events, and retraumatization has been linked to higher rates of depression and symptoms associated with PTSD.[49,50] An example of a practice that may retraumatize YEH could be giving a lesson that emphasizes the importance of caregiver relationships or encourages YEH students to reconnect with their caregivers, as caregivers are many times a source of trauma for YEH (rather than a source of support).[51]

2. **Ensure all students feel safe and secure in the school building and around all faculty and staff.** As noted above, there is a high prevalence of instances of abuse (emotional, physical, and sexual), anxiety, and PTSD in the YEH population. Moreover, school closures limited access to safe spaces for a year. Feeling safe is important to those who have suffered trauma. Specifically, research has shown that safety is necessary to lower feelings of fear and anxiety. Maintaining that sense of safety helps individuals return to psychological safety as opposed to living with a heightened and exaggerated sense of danger.[52,53]

3. **Ensure mental and physical health information and services are available and easily accessible to YEH.** For healthcare to be accessible to YEH, it needs to be approachable, accepting, accommodating, affordable, and adequate for their needs.[35] While educators themselves cannot control aspects of the healthcare system, they can make seeking such services easier and remove any stigma about seeking those services from their classroom environment.

4. **Create a culture of support in your learning environment.** Because of the trauma YEH have likely experienced (and had exacerbated by COVID-19), support from peers and teachers is an important step to recovery. It is important to focus on students' strengths and to build on those strengths in the classroom. Moreover, fostering strong relationships with caring adults can be a useful practice, as long as the adults are those with whom the YEH have not had prior traumatic interactions (such as teachers, counselors, therapists, and caregivers who have provided a history of support rather than neglect or abuse).[54] There is ample empirical evidence that social support decreases stress and depression, increases ability to cope with trauma, and increases overall well-being.[55]

5. **Allow space for social emotional learning in your classroom to promote self-awareness and self-regulation as a means for calming stress and anxiety.** Emotional dysregulation is a common response to trauma.[56] However, prolonged and unchecked emotional dysregulation puts an individual at risk of more serious disorders such as PTSD.[57] Thus, promoting self-awareness and self-regulation is important in order to manage emotions and calm oneself in a healthy way.

6. **Create a routine in the classroom to allow for a predictable environment. Within the routine, give students some freedom and flexibility to make decisions about their day.** This strategy is two-pronged in that a routine allows for predictability (something YEH may not always have due to unpredictable living conditions) but also allows for empowerment and choice. Empowerment models are frequently used in TIC and are meant to

reintroduce the power of choice and control to survivors of trauma, which is often taken in situations of abuse.[58]

7. **Educate yourself and those around you of what trauma is, what groups are most susceptible to trauma, and how to empower students in your classroom.**
Educating yourself and other educators is a critical step in teaching and caring for youth who experienced trauma. Research briefs (like those in IWERC's series) are one way to learn about various populations and their respective trauma and what educators can do to alleviate the negative effects of trauma.

Table 1 includes these seven strategies and provides examples for what they could look like in practice. These examples are interpretations of what the strategies embody and some have been adapted from other trauma-informed resources. [47,59] Some examples are specific to the COVID-19 pandemic and YEH, while others are more general and can be used with any population that has experienced trauma.

| Table 1. Pandemic-specific and general TIC for YEH, and what it may look like in a classroom and school. | |
|---|---|
| **Trauma-Informed Care** | **Strategies for Practice: Examples for what this could look like in the classroom and school** |
| Avoid any practices that may contribute to retraumatizing YEH. | Instead of asking students to share what they did during a summer or winter school break (which may have looked very different for YEH during COVID-19), ask students to imagine their ideal day and what would happen. |
| Ensure all students feel safe and secure in the school building and around all faculty and staff. | Introduce everyone who comes into the room and listen to your students if they say they feel unsafe or uncomfortable around visitors. Offer masks and hand sanitizer to visitors (or other items that may make students feel safer with visitors). |
| Ensure mental and physical health information and services are available and easily accessible to YEH. | Create a board in your classroom, hallways, offices, or bathrooms that contains all the information needed to seek out physical and mental health services. Mention and normalize the boards to remove any stigma about reading or taking information from the board. Openly discuss the impacts of COVID-19 (or other emergencies) on different communities, strategies for recovery, and how to contact school counselors and social workers. |
| Create a culture of support in your learning environment. | Set (and reset) expectations every quarter and have students sign a "contract" to uphold themselves and others, respectfully, to a culture of support and empathy in the classroom. |
| Allow space for social emotional learning in your classroom to promote self-awareness and self-regulation as a means for calming stress and anxiety. | Name emotions frequently, model this for students, and share realistic tools (such as using a mood meter, participating in brain breaks, or using sensory toys) for managing and expressing emotions. |

| Create a routine in the classroom to allow for a predictable environment. Within the routine, give students some freedom and flexibility to make decisions about their day. | Every day at 10am is reading time for the class, but each student can pick any book they choose to read and pick a cozy spot in the room for their reading time. |
| --- | --- |
| Educate yourself and those around you of what trauma is, what groups are most susceptible to trauma, and how to empower students in your classroom. | Institute a journal/book club with teaching partners and faculty or enroll in an online course (like https://militaryfamilieslearningnetwork.org/trauma/) about childhood trauma and TIC in the classroom. |

## TIC: For Administrators

Because administrators have to think of the whole system, as opposed to only a classroom, TIC can also take a systems-approach. The following are adapted TIC for school administrators. [47,59]

》》 **Connect students to people and resources that can help.** The first step to TIC is awareness. Administrators, teachers, and school personnel (e.g., social workers, counselors, nurses, etc.) should have training to understand signs of trauma and be prepared with the necessary tools to avoid retraumatizing, promote healing and ownership, and build upon the strengths of students. It is important to note that school administrators or teachers do not need to know any specifics regarding a student's traumatic experience to effectively support them in school. Students can be referred to professionals such as McKinney-Vento liaisons that can offer them the care and support they need.

》》 **Work with YEH, educators, social service providers, and researchers to develop effective, empowering, and comprehensive services.** YEH are the experts in the resources and supports they need to thrive in school. Educators, administrators, social service providers, and researchers can take the experiences and needs of YEH to build comprehensive services that are widely available to students.

》》 **Support YEH and other aspects of their identities that may also have associated trauma.** As previously discussed, YEH have many intersecting identities (e.g., students of color, LGBT, low-income). Each of these identities also have associated trauma due to systemic injustices, familial rejection, and food insecurity, for example. School administrators can implement supports that also help other populations experiencing trauma such that all students in need are addressed.

》》 **Collaborate with community partners to locate and address the systemic sources of homelessness in your community.** Community needs differ even within the same state. Community services (such as a McKinney-Vento

liaison and the local Continuum of Care) for YEH are rich sources of information and data that can give administrators the necessary information to implement services and support in their schools.

## Conclusion

YEH already endure trauma that impacts their physical and mental health. The COVID-19 pandemic and subsequent school closures exacerbated these traumas. YEH need support in the form of TIC from their teachers and school administrators to help them succeed and thrive in school without being retraumatized. This brief summarized some TIC principles and examples for what they may look like in the classroom. Though treatment for physical and mental health should be completed by medical and behavioral professionals, educators interact with students on a daily basis and should be aware of the signs of trauma, how trauma may present in YEH, and how to direct their students to the correct resources. Lastly, while the aspects of trauma and TIC discussed were tailored towards YEH and the pandemic, this research is relevant beyond the pandemic to any student who has experienced trauma.

## Note on Methodology

This brief brings together existing literature on several topics spanning across many disciplines (e.g., social sciences, education, psychology, psychiatry, and pediatric health). Topics that were included in this research review are: statistics and demographics on YEH in the United States and Illinois, events that lead to trauma that are specific to YEH, physical and mental health issues prevalent in the YEH population, how certain medical issues were exacerbated by COVID-19 in general, general trauma-informed care, and trauma-informed care specific to YEH.

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