

TRAUMA-INFORMED PRACTICE · ALL GRADES

Behavior is Communication

What is this child trying to tell us?

The core idea

All behavior is communication. When a child has the words and the regulation to say what they need, they tend to use them. When they don't — through age, dysregulation, trauma, language barriers, or disability — they communicate through behavior. Our job, before we discipline, is to ask: **WHAT IS THIS CHILD COMMUNICATING?** Once we understand the message, we can respond to the underlying need rather than just the surface behavior.

Common behaviours and possible meanings

| Behavior | Possible communication |
|----------------------------|--|
| Hitting, pushing, kicking | I'm overwhelmed. I can't tolerate this much input. I need help to feel safe. |
| Running away / hiding | I'm scared. I don't feel safe here right now. My nervous system is in flight mode. |
| Refusing tasks | I can't do this. I don't believe I can. Failing in public would be unbearable. |
| Constant attention-seeking | I need reassurance I'm cared about. My attachment system is on alert. |
| Withdrawal / shutting down | I'm overloaded. My nervous system has gone into freeze. I can't process more right now. |
| Lying about small things | I'm scared of being in trouble. I learned at home that admitting things is dangerous. |
| Stealing food | Something is wrong with food security. Possibly hunger, possibly a survival pattern from before. |



| Behavior | Possible communication |
|---------------------------------------|---|
| Hyper-vigilance / scanning | I'm not safe yet. My nervous system is still on alert. |
| Aggression toward animals | I'm modelling something I've experienced or witnessed. URGENT — needs deeper inquiry. |
| Sexualised behaviour beyond age | I've been exposed to something I shouldn't have. URGENT — safeguarding referral. |
| Sleep difficulties at school | Sleep at home is broken. Possibly chaos, possibly fear, possibly responsibility taken on too young. |
| Cling-clinging / desperate attachment | I'm afraid you'll go too. I'm testing whether this relationship is real. |

The diagnostic question

When you see difficult behavior, ask: 'WHAT IS THIS CHILD COMMUNICATING THAT THEY DON'T HAVE WORDS FOR?' Holding this question — even for 30 seconds before you respond — changes how you respond. The behavior is the surface. Underneath is a need. Your response can address either. Addressing the surface (with consequences) without addressing the underneath rarely changes anything. The behavior comes back. The need is still unmet.

What this is NOT

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| Not 'no consequences' Children still need to know that hitting is unsafe, that walking away from school is dangerous. Consequences exist. AND we hold the underlying need in mind. | Not always traumatic Some difficult behavior is just developmental — a 4-year-old hitting because they're 4. Not every behavior is a trauma signal. Use clinical judgement. |
| Not making excuses Understanding why a behavior happens isn't the same as approving of it. We can understand AND set limits. | Not amateur therapy We're not therapists. We don't try to 'work through' a child's trauma. We make the classroom safe enough for healing to happen, where the actual healing professionals can help. |

How to use this in your classroom

1. PAUSE BEFORE REACTING. The 30-second pause to ask 'what's this communicating?' is often the most important moment. 2. RESPOND TO THE NEED, NOT JUST THE SURFACE. If a child is hitting because overwhelmed, the consequence is fine — but the bigger response is reducing overwhelm. 3. INVITE WORDS GRADUALLY. Once they're calm: 'When you push



Sofia, what do you think is happening for you?' Help them BUILD the language they don't have. 4. SHARE THE LENS WITH COLLEAGUES. Other staff who see the child — TAs, lunchtime supervisors, supply teachers — benefit from this framing. 5. DON'T EXPECT FAST CHANGE. Children who've used behavior to communicate for years don't switch to verbal communication overnight. Slow build.

