

TRAUMA-INFORMED PRACTICE · ALL GRADES

Decoding Common Behaviors

What they often mean

How to use this

These are common patterns, not diagnostic certainties. Every child is individual. Use these as starting points for inquiry, not as labels. Where a behavior could indicate possible safeguarding concerns (highlighted), follow your school's safeguarding process — flag to the DSL, log appropriately, don't try to investigate yourself.

Hyper-vigilance

<p>What it looks like</p> <p>Always scanning. Notices every sound, every movement. Knows the timetable better than the teacher. Reads adults' moods within seconds. Sometimes called 'sensitive' or 'old before their time.'</p>	<p>What's underneath</p> <p>The nervous system has been shaped by an environment where threat detection mattered. May be ongoing or historical. The body learned to scan.</p>
<p>What tends to help</p> <p>Predictability. Calm adults. Consistent consequences. Lots of warning before changes. Relief from being responsible for monitoring everything.</p>	<p>What tends to make it worse</p> <p>Surprises. Unpredictable adults. Conflict between adults that the child witnesses. Asking 'why are you so on edge?'</p>

Aggression / quick-to-anger



<p>What it looks like</p> <p>Fast escalation. Disproportionate reaction to small triggers. Often genuinely surprised by their own intensity afterwards. 'I don't know why I did it.'</p>	<p>What's underneath</p> <p>Fight response. Often modelled, sometimes from witnessing others. Sometimes a learned strategy that worked at home. Sometimes just an under-developed regulatory system.</p>
<p>What tends to help</p> <p>Reducing triggers. Recognising early warning signs (clenched fists, narrow eyes, fast breathing). Co-regulation. Movement breaks. Repair after. Restorative work.</p>	<p>What tends to make it worse</p> <p>Public correction. Cornering. Sudden movements toward the child. Loud voices. Threats. Shame. Adults losing their own composure.</p>

Shut-down / dissociation

<p>What it looks like</p> <p>Goes quiet. Stares. Doesn't respond. Looks 'switched off.' May appear rude, oppositional, or 'cheeky.' Often happens after a peak of stress.</p>	<p>What's underneath</p> <p>Freeze response. The nervous system has gone offline as protection. Often a learned response from situations where fight or flight wasn't possible.</p>
<p>What tends to help</p> <p>Patience. Space. Quiet presence. Soft voice. Sensory anchors (something to hold, water to drink). Time. Coming back gently.</p>	<p>What tends to make it worse</p> <p>Demanding response. 'Look at me when I'm talking to you!' Pulling them physically. Treating shutdown as defiance. Punishing the freeze.</p>

Cling / desperate attachment

<p>What it looks like</p> <p>Hovers near you. Asks repeatedly 'are you my friend?' or 'do you like me?' Distressed when you give attention to others. Tries to please excessively.</p>	<p>What's underneath</p> <p>Anxious attachment style. Has learned that adult availability isn't reliable, so checks constantly. May be testing whether THIS adult is different.</p>
<p>What tends to help</p> <p>Predictable warmth. Verbal reassurance ('I'll be here tomorrow'). Visible affection that includes other children. Rhythm of connection. Not over-promising.</p>	<p>What tends to make it worse</p> <p>Withdrawing affection as 'consequence.' Inconsistent warmth. Being singled out for attention or shamed for needing it. Long absences without warning.</p>

Lying about small things



<p>What it looks like</p> <p>Denies obvious things. Makes up explanations that don't fit the facts. Doubles down when challenged. Often stems from a place of fear, not deception.</p>	<p>What's underneath</p> <p>Often learned at home that admitting things leads to harm. Lying is a survival strategy. The child may not even feel they're lying — it's automatic.</p>
<p>What tends to help</p> <p>Lowering the stakes ('It's OK — I just want to understand'). Not pressing for confession. Building trust over time. Modelling honesty about your own mistakes.</p>	<p>What tends to make it worse</p> <p>Interrogation. Catching them in lies and using them as ammunition. Public shaming. Making admissions costly. 'Just tell the truth!' (they would, if they trusted it was safe).</p>

Food-related behaviors

<p>What it looks like</p> <p>Hoarding food. Eating very fast. Stealing food. Hiding food in pockets/bags. Asking for food repeatedly. Distress around mealtimes.</p>	<p>What's underneath</p> <p>Food insecurity. May be current (hungry now) or historical (the body remembers). Common in children who've experienced neglect, displacement, or chaotic households.</p>
<p>What tends to help</p> <p>Available food. Predictable mealtimes. Not making it a 'thing.' Quiet conversation with parents. Free school meals if eligible. Snacks available without humiliation.</p>	<p>What tends to make it worse</p> <p>Public shaming about food behaviour. Withholding food as punishment. Forcing them to eat slowly. Telling them 'we have plenty.' (Their body doesn't believe you yet.)</p>

Behaviors needing safeguarding referral

Some behaviors are signals of possible ongoing harm. ALWAYS flag to your DSL: • Disclosures of abuse (verbal or implied) • Sexualised behaviour beyond age expectation • Drawings or play depicting abuse • Marks, bruises, injuries with suspicious or implausible explanations • Disclosure of family violence • Severe self-harm, suicidal ideation • Disclosure of domestic upheaval, parental violence Don't try to 'investigate.' Don't promise confidentiality you can't keep. Listen, write down, refer. Trust the safeguarding system.

