PDA PARENTING

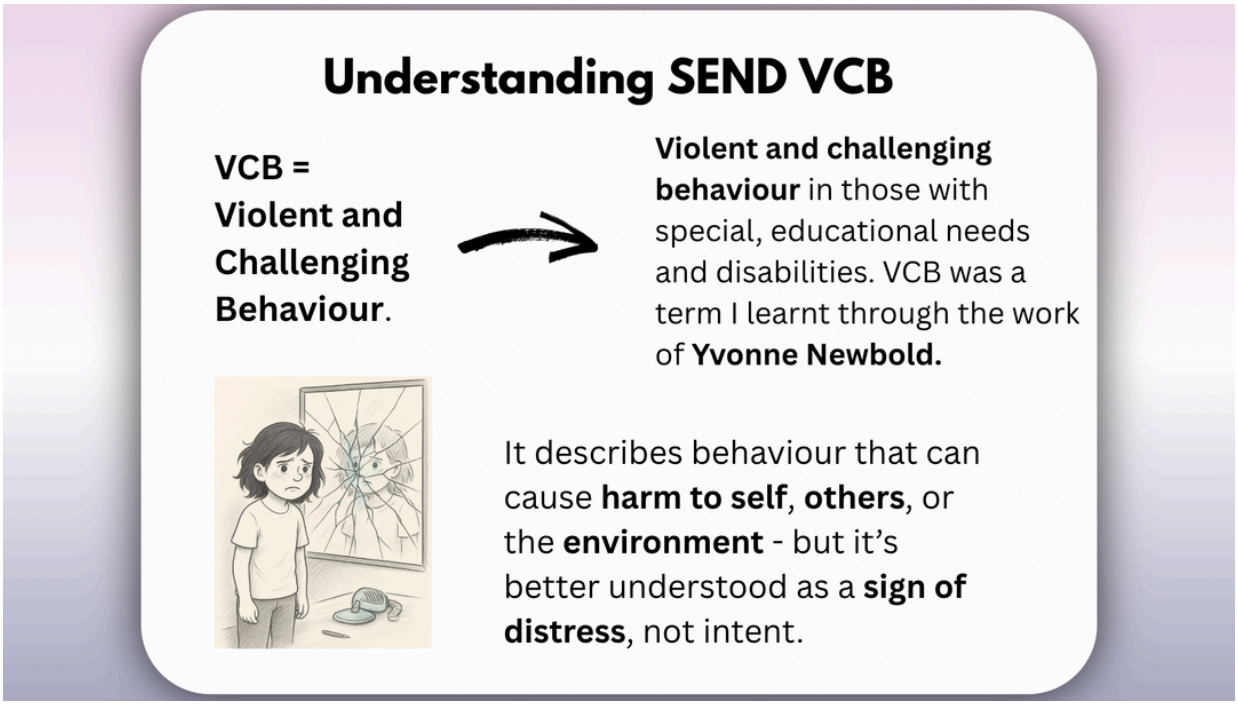
Documents to support PDA families

Supporting SEND Children with VCB (Violent and Challenging Behaviour)

What is VCB?

Violent and Challenging Behaviour (VCB) is a term used to describe behaviours that feel unsafe, overwhelming, or difficult to manage - such as hitting, kicking, throwing, shouting, breaking things, or even withdrawing in ways that put the child at risk. For many children with special educational needs and disabilities (SEND), these behaviours are not acts of malice, but rather **expressions of intense distress**.

VCB is best understood as a **stress response**, much like a fight-flight-freeze reaction. When a child's nervous system perceives threat - whether that's from sensory overload, a confusing social situation, pressure at school or simply too many demands - they may not have the words, regulation strategies or capacity to respond calmly. What looks like "bad behaviour" is often a desperate attempt to regain control, protect themselves or communicate a need that feels impossible to express.



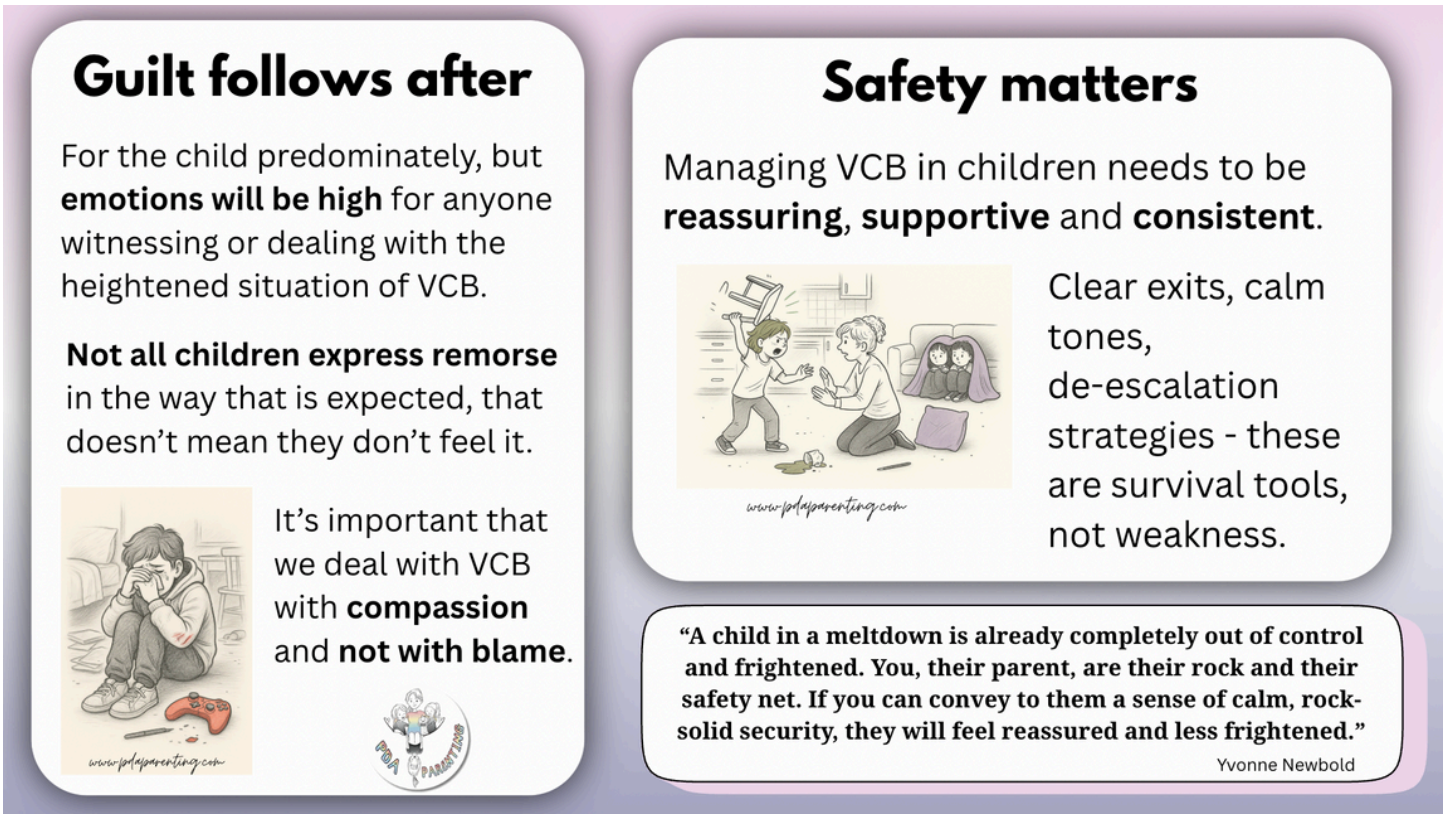
It's important to separate the **child from the behaviour**. The child is not "violent" or "difficult" - they are a child in distress, whose behaviours reflect how overwhelmed they feel in that moment.

How to Respond

VCB episodes can feel frightening for everyone involved - the child, siblings, parents, carers and even teachers. The immediate goal is not to punish or force control, but to **reduce risk and bring safety back into the environment**.

- **Staying calm**: Children with SEND often mirror the emotional state of the adult. If you escalate, they escalate. Ground yourself, speak softly, and breathe slowly.
- **De-escalation over discipline**: Demands like "stop it right now" or "calm down" usually add fuel to the fire. Instead, focus on short, reassuring phrases or gentle silence.
- **Non-threatening stance**: Avoid blocking exits, pointing fingers or looming over them. Stand sideways, keep hands visible and give space.
- **Safety first**: Where possible, remove other children from the room and quietly move potential hazards.
- **Validation**: Acknowledging feelings can reduce fear. Saying "This feels too big right now" or "I can see how hard this is" signals empathy and connection.

Afterwards, resist the urge to lecture or punish. The child's **nervous system may still be fragile**, and post-crisis shame can intensify future escalations. A calm environment and space to reset are more effective than consequences. There is no punishment that could be worse than the intense, berating from an internal dialogue. In order to prevent future episodes, we need to build up self-esteem, not add to the deficit that already is beginning to develop.



Recording and Understanding Patterns

One of the most effective long-term strategies is to **track incidents and reflect on them later**. A VCB log can help spot patterns that aren't obvious in the moment.

Keep it simple: note the **day, time, antecedent (what happened before), behaviour observed and outcome**. Over time, you may notice links - perhaps outbursts always happen after unstructured playtimes, or before maths lessons, or when friendship difficulties are bubbling under the surface.

This process isn't about blame; it's about **understanding the child's world**. External triggers might include:

- **Friendship struggles**: Feeling excluded, teased or rejected.
- **School environment**: Transitions between classes, noise or inconsistent expectations.
- **Social events**: Birthdays, assemblies or family gatherings that bring unpredictability.
- **Physiological needs**: Tiredness, hunger, illness or sensory overload.

Identifying these stressors allows you to pre-empt situations, reduce unnecessary pressure and advocate for appropriate adjustments.

When VCB is Constant: Being in Crisis

Sometimes VCB is not occasional but feels unrelenting, leaving families and schools in a near-**constant state of crisis**. This can be exhausting and isolating for everyone involved. It is important to acknowledge the toll this takes - **emotionally, physically and mentally** - on both the child and the adults supporting them.

In these situations, self-care is not a luxury but a survival tool. Families may need **respite**, **additional professional support** or **adjustments to education** such as reduced timetables, EOTAS packages or alternative provision. Recognising the severity of crisis situations helps ensure that **interventions are compassionate rather than punitive**. For professionals, remember that parents are often doing everything they can. Judgement and blame only add to the crisis. Instead, collaboration and empathy are vital to building a sustainable support plan.

When Triggers Can't Be Reduced

While reducing triggers and adapting environments can make a huge difference, sometimes this simply isn't enough. For some children, their nervous system is in a **constant state of fight or flight**. They may already be in **burnout** or in a period of **severe crisis**, where even small demands feel impossible to manage.

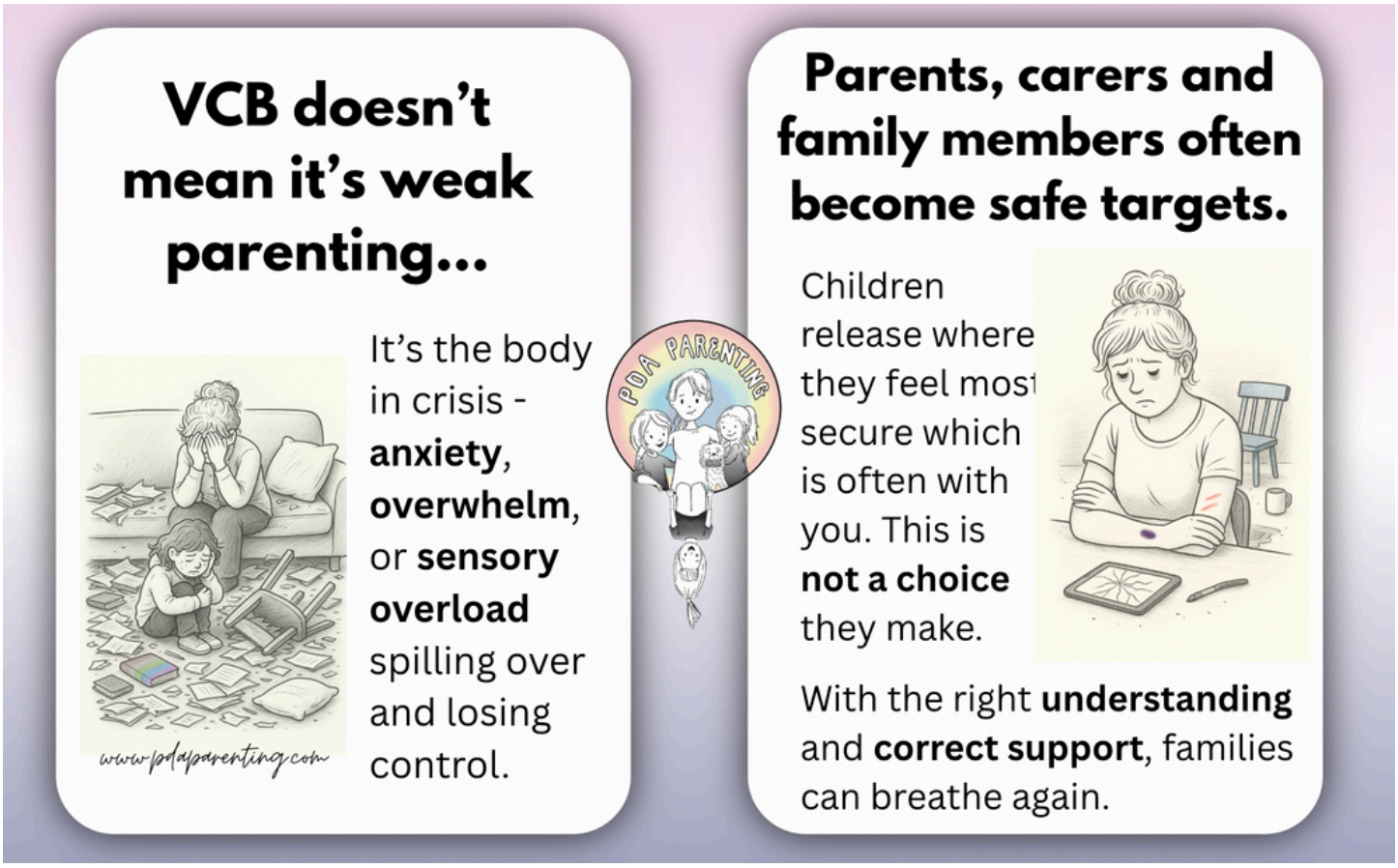
In these situations, it's important to recognise that the child cannot "just" calm down or recover with basic strategies. They may need a different level of support. This could mean:

- **Asking for referrals** - to child mental health services, paediatrics, or specialist SEND support.
- **Recognising limits of access** - sometimes, when a child is highly heightened, even attending appointments or beginning therapeutic work may not be possible.
- **Considering medical support** - in some cases, professionals may discuss a trial of medication to reduce the intensity of reactions. This isn't about a quick fix, but about creating a window of stability where the child can begin to build strategies and foundations for the future.

It is not a failure to need this level of help - it is a recognition that the child's distress is severe and that **safety, stability and health** must come first. The long-term goal is always to equip them with tools for regulation and maintenance, but sometimes we must first focus on **reducing the immediate overwhelm** to make any progress possible.

Supporting Parents Under Pressure

Many parent-carers feel **blamed or scrutinised** when their child experiences VCB. Instead of being seen as the people who know their child best, they are sometimes treated as if they are the problem. This can deepen feelings of isolation, shame and exhaustion.



Living with VCB is emotionally and physically draining. Parents may face **broken sleep**, **constant hypervigilance** and the **stress of advocating** for their child in systems that don't always understand. On top of this, they may feel judged by schools, relatives or professionals who see only the behaviour - not the context.

Parents need support too. That means:

- Being listened to without blame or judgement.
- Access to respite, carer assessments and peer support groups.
- Professionals recognising the **emotional labour** and **invisible work** families are doing every single day.
- Reminders that seeking help for yourself (therapy, support groups, community resources) is not selfish - it strengthens your ability to keep supporting your child.

Behind every child in crisis is a parent or carer doing everything possible to keep them safe. **They need compassion, not criticism.**

Long-Term Supports

Supporting a child with VCB requires both **immediate strategies** and **preventative planning**. While quick fixes might stabilise one incident, sustainable change comes from addressing the environment and equipping the child with trust and safe outlets.

- **Adjusting expectations**: Not all children can cope with the same pace, workload or social intensity. Differentiated approaches help them feel less threatened.
- **Working with school**: Share logs and patterns. Ask for sensory breaks, bespoke routines or reduced transitions. EHCPs (or equivalents) can formalise these supports.
- **Home environment**: Build in downtime and calm spaces. Over-scheduling or rushing often backfires.
- **Regulation strategies**: Co-regulation comes before self-regulation. First model calming strategies, then gently introduce options (weighted blankets, fidget tools, drawing or movement for example).
- **Connection**: Investing in a strong relationship reduces fear. When a child trusts that adults see their struggles and will respond with compassion, the intensity and frequency of VCB often lessen.

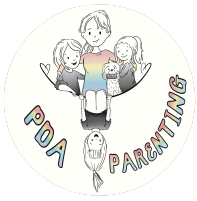
Hope and Next Steps

VCB can feel overwhelming, but it is not permanent. With understanding, adaptations and consistent support, many children **develop healthier ways to express themselves** and **manage stress**. Families often see progress when professionals stop asking “How do we stop this behaviour?” and instead ask **“What is this behaviour telling us?”**

You don’t have to face this alone. Keeping a log, identifying patterns, and working collaboratively with schools and professionals creates a roadmap for positive change. Equally, connecting with other parents and accessing community resources can make the journey less isolating.

Violent and challenging behaviour is not the end of the story. With compassion, curiosity and the right support, children can thrive - and families can feel less alone.

At PDA Parenting, we share our expertise through conferences, events and webinars, as well as online resources for families and professionals. We have two books available on our website and you can sign up for our free newsletter to receive updates, tips and news straight to your inbox. Our upcoming children's book will focus on EBSA, providing support and understanding for young readers navigating school-related anxiety.



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