

Creating Safety After Trauma

Practical steps to help you feel safer, more grounded and more in control

After trauma, feeling safe can be complicated. The danger may have ended while the mind and body continue to react as though something could happen again. For some people, the threat is still ongoing. Creating safety begins by distinguishing what is happening now, addressing genuine risks and gradually building more predictability, choice and support.

A supportive message

Safety does not have to arrive as one big feeling. It may begin with a locked door, a person who keeps their word, knowing where the exit is, being allowed to say no, having your medication nearby, a quieter room, or simply knowing what will happen next.

Safety is more than 'calming down'

- Physical safety - protection from harm, abuse or unsafe environments.
- Emotional safety - being able to express needs without humiliation or punishment.
- Relational safety - boundaries, consent, reliability and respect.
- Practical safety - housing, finances, food, healthcare and essential support.
- Sensory safety - reducing overwhelming noise, light, touch, smell or crowding.
- Internal safety - developing ways to orient to the present when memories or triggers arise.

First Ask: Is There Danger Now?

Trauma-informed support should never assume that fear is simply a false alarm. A person may still be experiencing abuse, coercion, stalking, exploitation, workplace harm, unsafe housing or another genuine threat. When danger is current, practical protection comes before exercises designed to tolerate distress.

Questions to consider

- Am I physically safe where I am?
- Is anyone threatening, controlling or harming me?
- Can I leave if I need to?
- Do I have access to money, medication, documents and a phone?
- Is there someone trustworthy who knows what is happening?
- Do I need safeguarding, medical, police, housing or specialist domestic-abuse support?

Immediate safety notes

Where I can go: _____
Person I can contact: _____
Important items I need access to: _____
Professional/service contact: _____
If there is immediate danger: call 999.

Safety planning should fit the situation

Leaving an unsafe relationship or environment can sometimes increase risk. Specialist services can help with individual safety planning. Avoid giving simplistic advice that assumes a person can leave immediately or safely.

Orienting to the Present

When a trigger or flashback occurs, the present can temporarily feel connected to the past. Grounding and orientation techniques are intended to help the person notice where they are now, not to force distress away.

External grounding options

- Name the room, location and today's date.
- Look for five objects of one colour.
- Read a sign, clock, calendar or message that belongs to the present.
- Feel the chair, floor or an object in your hand.
- Listen for sounds that tell you where you are now.
- Use a familiar scent, texture or object already associated with safety.

My present-day reminder

Today is: _____
I am at: _____
The people with me are: _____
I can leave/move by: _____
Something that proves I am in the present: _____
A phrase that helps me orient: _____

Grounding is individual

Breathing exercises, closing the eyes or focusing closely on internal sensations can help some people and increase distress for others. Choice matters. External grounding may be preferable when body-focused attention feels unsafe.

Building Predictability & Control

Trauma often involves loss of choice or control. Predictability can reduce unnecessary uncertainty and help the person know what options are available.

Small ways to increase predictability

- Ask what will happen during an appointment before it begins.
- Request written information when verbal processing is difficult.
- Know how long an event is expected to last and where exits are.
- Plan transport and a way home before attending something demanding.
- Agree a signal or phrase with a trusted person if you need to leave.
- Give advance notice of changes wherever possible.
- Break complex plans into smaller, visible steps.

Control map

Things I can control: _____
Things I can influence: _____
Things outside my control: _____
One choice I can give myself today: _____
One uncertainty I can prepare for: _____

Choice can be therapeutic

Offering real choices - where to sit, whether a door stays open, whether to speak or write, whether to pause - can matter. Choices should be genuine rather than two options that both override the person's needs.

Creating a Safer Environment

The environment can either increase or reduce stress. Safety does not require creating a perfectly controlled space. The aim is to identify changes that meaningfully reduce unnecessary threat or overload.

At home

- Create one predictable area for rest or decompression.
- Consider lighting, noise, smells, temperature and visual clutter.
- Keep essential items in consistent, accessible places.
- Use locks, curtains or privacy measures where appropriate.
- Create a simple plan for unexpected visitors or difficult phone calls.

At work, study or appointments

- Ask for quieter waiting or working areas if available.
- Use headphones, ear defenders or other sensory supports where appropriate.
- Request clear agendas and advance information.
- Identify a place to take a short recovery break.
- Ask before touch or physical examination and explain consent preferences.

My safer-space audit

A place I currently feel most settled: _____
Noise/light/smell changes that may help: _____
Something I need easier access to: _____
A privacy or boundary change: _____
One small environmental change this week: _____

Relational Safety: Trust, Consent & Boundaries

Relationships can be a source of safety and also a source of triggers. Relational safety develops through consistency, consent, respect, repair and the ability to say no without punishment.

Signs of safer support

- The person listens without demanding details.
- They respect a no, pause or change of mind.
- They ask before touching.
- They do not use your trauma to win arguments.
- They can apologise and repair after misunderstandings.
- They do not make support conditional on disclosure.
- They encourage autonomy rather than dependency.

Boundary phrases

"I don't want to discuss the details."
"Please ask before touching me."
"I need some time before I answer."
"I can talk about this for ten minutes, then I need a break."
"That does not feel okay for me."
"I need the information in writing."

Trust can be gradual

After trauma, caution may be understandable. Trust does not have to mean giving someone unrestricted access to your life. It can grow through repeated evidence that a person respects limits and behaves consistently.

Safety in the Body Without Forcing Calm

Trauma can be associated with physical sensations such as tension, shaking, racing heart, nausea, numbness or feeling disconnected. Regulation strategies can help, but the goal is not to demand calm or interpret every body sensation psychologically.

Experiment with what helps

- Warmth or coolness that feels comfortable.
- Gentle movement, walking, stretching or stillness.
- Pressure from a blanket or cushion if that is welcome.
- Familiar music or repetitive sounds.
- Food, hydration and rest where needed.
- Reducing sensory input rather than adding another technique.
- Medical assessment for new, severe or concerning physical symptoms.

My body-safety menu

When I feel highly activated: _____

When I feel numb/shut down: _____

Touch/pressure that helps or does not help: _____

Sensory things I prefer: _____

What I want others to know: _____

No technique should become a test

If an exercise does not help, that is information - not failure. Trauma-informed practice adapts the strategy to the person rather than expecting the person to fit the strategy.

Personal Perspective & Support From Others

Safety often becomes believable through ordinary experiences repeated over time.

Personal perspective - 'Morgan'

"For me, safety wasn't a feeling at first. It was practical. I knew who had a spare key, where I would sit in a cafe, how I would get home, and which friend would answer without asking twenty questions. Later I noticed I wasn't checking the door as often. I could stay in conversations longer. My body seemed to learn safety after my life had already become safer."

This is a composite perspective created for psychoeducation.

For partners, family and friends

- Ask what helps rather than assuming.
- Do not insist on physical affection as reassurance.
- Avoid surprise exposure to known triggers.
- Keep agreements or communicate clearly if plans change.
- Give the person time to process questions.
- Support autonomy: do not take over every decision.
- Learn the person's signs of overload, shutdown or dissociation if they want you to.

For neurodivergent people

Sensory overload, communication differences, interoception, executive-function demands and uncertainty can affect felt safety. A shutdown or loss of speech should not automatically be treated as refusal. Alternative communication, predictable information and sensory adjustments may be important.

My Full Safety & Grounding Plan

1. My signs that I am becoming overwhelmed

Body: _____
Thoughts/emotions: _____
Behaviour/communication: _____

2. What helps me orient

3. People and places

Safer people: _____
Safer places: _____

4. Please do / please avoid

Please do: _____
Please avoid: _____

5. Professional and urgent support

GP/therapist/service: _____
Other specialist support: _____
If I cannot stay safe: _____

Keep the plan usable

A safety plan should be easy to find and short enough to use when thinking is difficult. Consider keeping a copy on your phone or sharing it with someone trusted if that feels appropriate.

Professional Support & Moving Forward

Creating safety is often an early part of trauma recovery, but people can seek professional support at any stage. Persistent flashbacks, nightmares, avoidance, dissociation, depression, anxiety or other symptoms deserve appropriate assessment.

Treatment and support

NHS and NICE guidance includes trauma-focused cognitive behavioural therapy and EMDR among established treatments for PTSD in appropriate circumstances. Treatment should be individualised and delivered by appropriately trained professionals. Support may also involve practical services, medication, safeguarding, social care or specialist organisations depending on the person's needs.

Urgent safety

If you or another person is in immediate danger, call 999 or attend A&E.; If you are struggling to stay safe, seek urgent NHS mental health support or use NHS 111 where appropriate. Samaritans can be contacted free on 116 123.

A closing message

Feeling safer can be built in layers: practical safety, predictable information, respectful relationships, boundaries, grounding and experiences of having choice. Small steps can create meaningful change. The aim is not to guarantee that nothing difficult will ever happen; it is to help the present become more distinguishable from the past and to increase the support and choices available to you.

Sources & Further Information

This guide has been informed by established UK health and mental-health guidance. The source list is also supplied separately for use beneath the website write-up.

NHS - PTSD (post-traumatic stress disorder)

Information on PTSD symptoms, treatment, self-help and routes to support.

www.nhs.uk/mental-health/conditions/ptsd-post-traumatic-stress-disorder/

NICE - Post-traumatic stress disorder (NG116)

UK guideline on recognition, assessment, treatment, safety planning and support for people with PTSD and complex needs.

www.nice.org.uk/guidance/ng116

Mind - Coping with trauma

Practical information about safety, grounding, difficult feelings, triggers and longer-term coping.

www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/coping-with-trauma/

Mind - Effects of trauma

Information about emotional, physical and everyday effects of trauma, including flashbacks and dissociation.

www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/effects-of-trauma/

Mind - How to help someone with PTSD

Information for supporters on listening, triggers, flashbacks, planning ahead and respecting personal space.

www.mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd/how-to-help-someone-with-ptsd/

Further reading

- Trauma and Recovery - Judith Herman.
- What My Bones Know - Stephanie Foo.
- What Happened to You? - Bruce D. Perry and Oprah Winfrey.
- The Body Keeps the Score - Bessel van der Kolk (contains potentially intense case material).