

Managing Anxiety After Trauma

Practical strategies, coping tools and support to help you feel calmer and more in control

Anxiety after trauma can feel different from ordinary worry. The mind and body may remain alert to possible danger, react strongly to reminders, or expect something bad to happen even when the immediate threat has passed. This does not mean every anxious feeling is caused by trauma, and it does not mean everyone who experiences trauma develops PTSD.

A supportive message

You do not need to eliminate anxiety before you can begin living again. The aim can be smaller and kinder: understand what is happening, recognise genuine danger, reduce unnecessary alarm, build useful coping options and gradually make more room for the parts of life that matter to you.

Anxiety can show up in many ways

- Racing thoughts or repeatedly imagining worst-case outcomes.
- Feeling on edge, watchful or unable to relax.
- A racing heart, sweating, shaking, nausea or muscle tension.
- Difficulty sleeping or waking suddenly in alarm.
- Avoiding places, people, conversations or situations associated with the trauma.
- Seeking repeated reassurance or checking for danger.
- Irritability, tearfulness, anger or feeling overwhelmed.
- Difficulty concentrating, making decisions or remembering information.

Understanding the Anxiety-Alarm Cycle

After trauma, a reminder can activate fear quickly. A sensation, sound, place, thought or interaction may be interpreted as danger. Anxiety rises, the person takes protective action, and short-term relief can reinforce the belief that the situation was dangerous. Understanding this cycle can help identify where choice might gradually be increased.

A simple cycle

Trigger or uncertainty -> threat interpretation -> anxiety/body alarm -> protective response -> short-term relief -> stronger expectation of danger next time.

Protective responses may include

- Leaving or avoiding the situation.
- Checking doors, messages, symptoms or other people's reactions.
- Seeking repeated reassurance.
- Freezing, shutting down or becoming unable to speak.
- Trying to control every detail to prevent uncertainty.
- Using alcohol, substances or other behaviours to numb distress.

Protection is not failure

Many protective behaviours developed for a reason. The question is whether they are still protecting you now or whether they are beginning to restrict life. Change should be gradual, safe and appropriate to the person's circumstances.

First Check: Is This Present-Day Danger?

Not all anxiety is a false alarm. If there is current abuse, stalking, coercion, unsafe housing, medical risk or another genuine threat, practical safety comes first. Trauma-informed support should not teach someone to tolerate a situation that is actually dangerous.

A present-day check

- What is happening right now?
- What evidence tells me I am unsafe - or safer - in this moment?
- Can I leave, move, call someone or get help if needed?
- Is this situation similar to the past, or is it actually the same danger?
- What choice do I have now that I may not have had then?

My orientation card

Today is: _____
I am at: _____
Right now the situation is: _____
I have these choices: _____
A person/service I can contact: _____

If danger is current

Use appropriate emergency, safeguarding, medical, housing, police or specialist support. Safety planning may require professional help, particularly where leaving could increase risk.

Panic, Body Sensations & Grounding

Anxiety can produce powerful physical sensations. Panic attacks can involve a racing heart, breathlessness, dizziness, trembling, sweating, chest discomfort, nausea, tingling or fear of losing control. New, severe or concerning physical symptoms should not automatically be assumed to be anxiety; seek medical advice when appropriate.

Grounding options

- Look around and name where you are and today's date.
- Describe objects you can see in detail.
- Feel the floor, chair or an object in your hand.
- Listen for sounds that belong to the present environment.
- Use a familiar texture, scent, music or object that you already know feels safe.
- Reduce sensory input if noise, light or conversation is increasing overload.

Breathing is optional

Slow breathing helps some people, but focusing on breath can make others more anxious or body-aware. If it helps, use a comfortable, unforced pace. If it does not, choose an external grounding strategy instead.

After a panic surge

Allow recovery time. Hydrate or eat if appropriate, reduce demands, return to familiar routines and avoid judging yourself for needing time to settle. If panic attacks are recurrent or significantly affecting life, discuss them with a GP or mental health professional.

Worry, Overthinking & Reassurance

Trauma can make uncertainty especially difficult. The mind may repeatedly scan possible outcomes in an attempt to prevent another painful event. Worry can feel productive even when it is exhausting.

Try separating problems from predictions

- A problem is something happening now that may have a practical next step.
- A prediction is something the mind fears might happen.
- Ask: Is there an action I can take today?
- If yes, make the action small and specific.
- If no, notice that more thinking may not create more control.

Worry sorter

What am I worried about? _____
Is this happening now or is it a prediction? _____
If it is happening now, my next step is: _____
If it is a prediction, what would help me return to today? _____
Do I need information, support or simply time? _____

Reassurance can become a loop

Asking for reassurance is human. But repeated reassurance can sometimes give only brief relief and strengthen the urge to ask again. A therapist can help develop alternative ways to respond to uncertainty without removing support or connection.

Triggers & Avoidance

Avoiding reminders can reduce anxiety quickly, which is why it can become a powerful coping strategy. Sometimes avoidance is necessary for safety. At other times it gradually makes life smaller.

Notice what anxiety is costing

- Places you no longer visit.
- People you no longer see.
- Medical or dental appointments you postpone.
- Travel or work opportunities you avoid.
- Conversations or emotions you cannot approach.
- Activities that once mattered to you.

My avoidance map

Something I avoid: _____
What I fear would happen: _____
Is there genuine current danger? _____
What does avoidance give me short-term? _____
What does it cost long-term? _____
Would I like professional support to approach this safely? _____

Do not force exposure

Evidence-based trauma treatment can involve carefully approaching avoided memories or situations, but this is not the same as pushing yourself into overwhelming or unsafe experiences. For significant PTSD symptoms, work with an appropriately trained professional.

Self-Compassion During Anxiety

Anxiety is often followed by self-criticism: 'I should be able to cope', 'I embarrassed myself', or 'I am weak'. This second layer can prolong distress.

A kinder response

Instead of: *I am ridiculous for being anxious.*

Try: **My alarm system is very active. I can respond without attacking myself.**

Instead of: *I ruined everything.*

Try: **I had a difficult reaction. I can decide what repair or support is needed now.**

Instead of: *I will always be like this.*

Try: **This is how things feel today. Feelings and symptoms can change.**

Personal perspective - 'Taylor'

"I thought recovery meant never feeling anxious again. That made every anxious day feel like proof I had failed. What helped was learning to measure something different: Did I recognise what was happening? Did I ask for what I needed? Did I recover a little sooner? Anxiety still visits, but it does not get to decide everything."

This is a composite perspective created for psychoeducation, not a clinical case history.

Everyday Coping & Regulation Plan

Coping works best as a menu rather than one technique. Different levels of anxiety may need different responses.

When anxiety is mild

A short walk or movement; reduce caffeine if it affects you; complete one practical task; write down the worry; use routine; connect with someone; take a sensory break.

When anxiety is moderate

Reduce demands; orient to the present; move to a quieter space; use a familiar grounding object; ask for information in writing; postpone non-urgent decisions; contact someone supportive.

When anxiety is intense

Prioritise immediate safety; reduce stimulation; use simple present-focused prompts; avoid forcing detailed discussion; seek professional or urgent support if you cannot stay safe.

My coping menu

Early signs: _____

Things that help: _____

Things that make it worse: _____

People I can contact: _____

What I want others to do: _____

What I want others to avoid: _____

Sleep, Routine & Daily Capacity

Anxiety and trauma can disrupt sleep, appetite, concentration and energy. When capacity is reduced, ordinary tasks can feel much harder. Supporting the basics does not cure trauma, but it can reduce avoidable strain.

Helpful foundations may include

- A reasonably predictable sleep and waking routine where possible.
- Regular food and hydration that fit the person's needs and tolerances.
- Movement or time outside if accessible and helpful.
- Reducing alcohol or substances if they are worsening anxiety or sleep.
- Planning decompression after demanding situations.
- Breaking tasks into smaller steps and reducing unnecessary decisions.

My capacity check

Sleep/rest recently: _____
Food/hydration: _____
Sensory/social load: _____
Physical health/pain: _____
What can I reduce today? _____
What basic need deserves attention first? _____

Neurodivergent considerations

Autistic and ADHD people may experience anxiety alongside sensory overload, uncertainty, executive-function demands, interoception differences or communication difficulties. Support should consider these needs rather than assuming every difficulty is a trauma symptom.

Support From Partners, Family & Work

Support can reduce isolation, but it is most useful when it preserves autonomy rather than taking over.

For partners and family

- Ask what helps during anxiety rather than guessing.
- Avoid repeatedly saying 'there is nothing to worry about'.
- Give clear information and time to process.
- Respect space and ask before touch.
- Encourage professional support without threats or ultimatums.
- Support practical routines while allowing the person to make choices.

At work or education

- Predictable communication and advance notice of changes may help.
- Written instructions can reduce processing pressure.
- A quieter area or short recovery break may reduce overload.
- Breaking large tasks into smaller steps can help concentration.
- Reasonable adjustments may be appropriate where disability-related needs apply.

A message I can share

When anxiety is high I may process information more slowly. Please speak clearly, give me time, avoid asking many questions at once and let me know what is happening next. If I need space, it does not mean I do not value your support.

Treatment, Recovery & When to Seek Help

Professional help is appropriate whenever anxiety is persistent, severe, frightening or restricting everyday life. A GP or mental health professional can consider whether symptoms fit PTSD, another anxiety condition, depression, a physical-health problem or a combination of factors.

Treatment

NHS and NICE guidance includes trauma-focused cognitive behavioural therapy and EMDR among established treatments for PTSD in appropriate circumstances. Treatment for anxiety more broadly may include psychological therapy, self-help approaches and medication depending on the person's presentation and preferences.

My next-step plan

The anxiety problem affecting me most: _____
One coping tool I will practise: _____
One situation I want support with: _____
Who I will contact: _____
How I will know things are improving: _____

Urgent support

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.

Sources & Further Information

This guide has been informed by established UK health and mental-health guidance. These sources are also supplied separately for the website write-up.

NHS - PTSD (post-traumatic stress disorder)

Information on PTSD symptoms, treatment and accessing support.

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

NICE - Post-traumatic stress disorder (NG116)

UK recommendations for recognition, assessment and evidence-based treatment of PTSD.

www.nice.org.uk/guidance/ng116

Mind - Effects of trauma

Information about emotional and physical effects of trauma, including anxiety, panic, hypervigilance and avoidance.

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

Mind - Coping with trauma

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

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

NHS - Generalised anxiety disorder in adults

Patient information about anxiety symptoms, self-help, treatment and when to seek support.

www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/

Further reading

- Trauma and Recovery - Judith Herman.
- What My Bones Know - Stephanie Foo.
- Overcoming Anxiety - Helen Kennerley.
- What Happened to You? - Bruce D. Perry and Oprah Winfrey.