Thoughts & Mind

Feeling Unsafe

When your mind knows you are safe but your body does not

After trauma, you may logically know that the danger has passed while your body continues to react as though something bad is about to happen. You might feel tense in your own home, unable to settle around people you trust, startled by ordinary sounds or suddenly flooded with fear without an obvious reason. This mismatch between what you know and what you feel can be confusing and exhausting.

Key idea: Feeling unsafe does not always mean that you are currently in danger. But trauma-informed support should never assume every fear is a trauma response. Real-world safety comes first; nervous-system work is for situations where the current environment is sufficiently safe.

Why can the body still expect danger?

The nervous system learns from experience. After overwhelming threat, cues associated with what happened can become linked with danger: a voice, room, smell, expression, body sensation, time of day, closeness, conflict or loss of control. These associations can activate rapidly, before conscious reasoning has had time to assess what is happening.

Knowing and feeling are different systems

You can tell yourself 'I am safe' and still have a racing heart, tense muscles, nausea, shaking, numbness or the urge to escape. This does not mean your rational mind has failed. Regulation often requires repeated present-day experiences that allow the body to update its expectations rather than one instruction to calm down.

What might 'unsafe' look like?

Scanning rooms, sitting near exits, checking locks, difficulty sleeping, avoiding closeness, startling easily, needing control, feeling trapped, becoming suddenly defensive, shutting down, dissociating, struggling to eat or rest, or feeling unable to enjoy quiet because quiet itself feels unfamiliar.

My signs that my body is expecting danger:

Is this danger, a reminder, or uncertainty?

This exercise is not about talking yourself out of genuine risk. It is a way to slow the moment enough to gather current information.

1. What is my body doing?

Notice heart rate, breathing, muscle tension, temperature, stomach sensations, shaking, numbness, freezing, urge to leave or difficulty speaking.

My body signals:

2. What may have activated the alarm?

Consider a sensory cue, interaction, memory, conflict, physical sensation, uncertainty, fatigue, environment or a trigger you cannot yet identify.

Possible trigger:

3. What information exists right now?

Look for concrete present-day information. Where are you? Who is there? Is anyone threatening you? Can you leave? Do you have choices, communication, transport, a phone, boundaries or support?

What I know about now:

4. What does my system need?

Possibilities include distance, a boundary, movement, reduced noise, more light, a familiar person, warmth, cooling, food or drink, rest, information, predictability or professional help.

What I need:

5. What can anchor me in the present?

Choose something specific and accessible: feet on the floor, a familiar object, looking around the room, naming the date, listening to a known voice or moving to a place where you have more choice.

My present-day anchor:

Building cues of present-day safety

Safety is not a switch. For many trauma survivors it is built through small, repeated experiences of predictability, choice, boundaries, connection and recovery.

Safety cue	What it might involve
Choice	Knowing you can say no, leave, pause, change position, ask questions or choose who is present.
Predictability	Knowing what will happen next, having plans explained and reducing unexpected changes where possible.
Boundaries	Physical, emotional, digital and relational boundaries that are respected rather than negotiated away.
Sensory comfort	Lighting, sound, clothing, temperature, seating or space that reduces unnecessary nervous-system load.
Connection	A trusted person who can stay calm, listen, avoid taking control and respond to what you actually ask for.
Body support	Movement, stretching, grounding, comfortable breathing, pressure or other sensory strategies that suit you.
Recovery	Enough time after activation for the body to settle instead of immediately returning to full demands.

Do not force relaxation

For someone whose body associates lowering vigilance with vulnerability, being told to relax can itself feel unsafe. Begin with tolerable shifts: unclench one muscle, notice one neutral object, sit where you can see the door, or allow thirty seconds of rest. Regulation can be gradual.

Safety and avoidance

Avoidance can provide short-term relief but may gradually shrink life. However, trauma recovery should not push people into situations that are genuinely unsafe or overwhelm their capacity. When exposure is clinically appropriate, it should be planned, collaborative and paced within evidence-based treatment.

My personal cues of safety:

When professional support may help

Consider professional support when feeling unsafe is persistent, affects sleep, relationships, work or everyday activities, or occurs alongside flashbacks, nightmares, dissociation, panic or significant avoidance. NICE recommends trauma-focused CBT and EMDR for PTSD in appropriate circumstances following assessment.

My interactive Feeling Safe Plan

Complete this while you are relatively settled. It is designed to help you recognise the difference between an activated alarm and current information.

NOTICE - How does my body tell me it expects danger?

ORIENT - What helps me identify where, when and with whom I am?

REGULATE - What helps my body reduce activation without forcing calm?

SUPPORT - What do I need other people to do, or not do?

BUILD - What small experiences help safety become more believable?

A message from Maggie

There can be a huge difference between being told you are safe and actually feeling safe inside your body. If your nervous system learned that danger could arrive unexpectedly, it may need more than words. We can begin with choice, boundaries, predictability and small experiences that show your body what is different now. You do not have to force yourself into calm. Safety can be something you gradually learn to recognise again.

Books, resources & clinical sources

NICE NG116: Post-traumatic stress disorder. NHS information on PTSD. Ehlers & Clark's cognitive model of PTSD. Judith Herman, *Trauma and Recovery*. Babette Rothschild, *The Body Remembers*. Trauma-focused CBT and EMDR are evidence-based PTSD treatments recommended in appropriate circumstances after assessment.

This resource is educational and does not replace individual assessment, safeguarding advice, diagnosis or treatment. If your environment is currently unsafe, seek appropriate practical or emergency support.