The Lasting Impact of Bullying and Assault

When experiences from younger years still affect you today

Bullying and assault can continue to shape adult life long after the events have ended. You may have left the school, neighbourhood or people involved, yet your body can still prepare for humiliation, danger or attack. A tone of voice, a group laughing, someone standing too close or an unexpected disagreement may create a reaction that feels much larger than the present moment.

What happened mattered

Being targeted, threatened, isolated, mocked or physically harmed can affect a person's sense of safety, identity and belonging. The impact is not measured only by how long an incident lasted or whether other people thought it was serious. Repetition, powerlessness, lack of protection and the meaning made from the experience all matter.

Men are often expected to minimise fear and pain. You may have been told to fight back, toughen up or stop thinking about it. These messages can add shame to the original harm and make it harder to speak. Silence may have helped you survive at the time, but it can also leave the experience unprocessed and alone.

Why the past can feel present

During threat, the nervous system prepares to fight, flee, freeze or appease. Afterwards, it usually returns towards safety. When danger was repeated, unpredictable or unsupported, the system may remain watchful. This is why you can understand logically that you are safe and still feel your heart race, muscles tense or mind go blank. The response is protective rather than weak.

Memory after trauma is not always a clear story. It may appear as body sensations, images, fragments, nightmares, emotional shifts or a strong urge to escape. Not remembering every detail does not prove that nothing happened, and remembering does not mean you must describe everything before receiving support.

Bullying can also install beliefs: "I am different," "people are waiting to expose me," "I must never look weak," or "no one will help." These conclusions made sense within the original environment. In adulthood they can affect work, friendships, intimacy and the ability to accept ordinary feedback without feeling attacked.

A trauma response is not a character flaw

Hypervigilance, avoidance, anger, numbness, people-pleasing and withdrawal can all begin as ways of surviving. Understanding their purpose does not mean allowing them to control your life. It gives you a less shaming place from which to make change.

Common adult effects

You may scan rooms, sit near exits, rehearse conversations, expect ridicule, distrust kindness, become highly sensitive to criticism or feel unsafe in groups. Some people avoid conflict; others respond quickly and strongly because being passive once felt dangerous. There may also be sleep problems, shame, low confidence, physical tension, difficulty concentrating or a sense of being younger when triggered.

None of these reactions make violence or harmful behaviour acceptable. They do, however, deserve understanding so responsibility and recovery can be approached without humiliation.

Triggers, relationships and the body

A trigger is a present-day cue that resembles some part of an earlier threat. It may be obvious, such as a place or person, or subtle, such as laughter behind you, a smell, a phrase, a closed door or feeling outnumbered. The reaction can arrive before you consciously identify the connection. Instead of asking “Why am I overreacting?”, try “What does my system believe is happening?”

Bullying often occurred in relationships, so relationships may become the place where its effects are felt. You might test whether someone will leave, hide needs, agree to avoid conflict, interpret uncertainty as rejection or become defensive when you feel judged. A partner may see anger or distance without knowing about the fear underneath.

Communication can begin without a full disclosure: “When voices rise, my body reacts quickly. I need us to pause and come back to this calmly.” Explain what helps, what increases distress and how you will signal that you need space. Taking space should include an agreed return time so it does not become disappearance or punishment.

The body may carry bracing, jaw tension, headaches, stomach discomfort, shallow breathing or exhaustion from constant monitoring. Grounding is not about proving the past was harmless. It helps the body register that this moment has different choices and resources.

A present-safety check

Name today’s date and where you are. Look for three neutral details in the room. Feel the support beneath your feet or back. Ask: “What is different from then? What choices do I have now? Who can I contact?” If focusing inward increases distress, keep your eyes open and orient to the environment instead.

Anger and shame

Anger may protect the part of you that was frightened, humiliated or not defended. It can signal that a boundary was crossed. The work is not necessarily to remove anger, but to notice it sooner and choose how to express it without harming yourself or someone else. Movement, stepping away, naming the boundary and returning when regulated can create a gap between feeling and action.

Shame says the event reveals something defective about you. Responsibility belongs to the person or people who chose to bully or assault. Survival responses are automatic and cannot be judged as though you had unlimited time, power and safety. Freezing, submitting, running or being unable to speak are not consent and not moral failures.

When shame appears, use accurate language: “Something was done to me,” “I responded with the resources I had,” and “I deserved protection.” Accuracy is not self-pity. It corrects a story that may have unfairly placed responsibility on you.

Before reacting to a trigger

Pause if it is safe. Name the emotion and body signal. Identify the present cue. Decide whether there is current danger or an echo of earlier danger. Choose one action: leave, ground, ask for clarification, set a boundary or seek support.

Avoidance can reduce distress immediately but gradually make life smaller. Recovery often involves approaching safe situations in manageable steps, with choice and support. It should not involve

forcing yourself into contact with unsafe people or recreating overwhelming experiences.

Recovery without pressure to “move on”

Recovery is not forgetting, forgiving on demand or becoming unaffected. It can mean understanding your responses, reducing shame, increasing choice and building relationships in which your boundaries are respected. Progress may show up as noticing a trigger earlier, recovering more quickly, asking for help or responding to yourself with less contempt.

Trauma-focused therapy can help some people. Options may include trauma-focused cognitive behavioural therapy and EMDR when clinically appropriate. A good practitioner should explain the approach, seek consent, work at a tolerable pace and help establish safety and stabilisation. You are entitled to ask about qualifications, experience, confidentiality and what will happen if you become overwhelmed.

You do not need to give a detailed account immediately. Beginning with current effects can be enough: sleep, panic, anger, avoidance, shame or relationship difficulties. If speaking feels hard, write down what you want the practitioner to know, bring someone you trust where appropriate, or ask for information before committing.

Practical ways to reclaim safety include choosing where you sit, planning exits, telling a trusted person where you are, rehearsing boundary phrases and distinguishing discomfort from actual danger. These choices are not failures. They can provide enough control for new experiences of safety to develop.

My trigger and safety map

Trigger or situation	What happens in me?	What helps now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

My support plan

The signs that I am becoming triggered are:

_____

The grounding action most likely to help is:

_____

A person or service I can contact is:

_____

A personal reflection

You may have survived by becoming quiet, watchful, funny, tough, invisible or always ready to defend yourself. Those responses may have helped you through an environment where you had too little protection. Recovery does not require hating the part of you that survived. It means helping that part recognise that you now have more information, more choice and the possibility of safer support.

A message from Maggie

If experiences from your younger years are still affecting you, that does not mean you have failed to move on. It means something important happened and your mind and body found ways to protect you. You deserve support that takes the impact seriously without reducing you to what happened. You can work at your own pace, keep your boundaries and begin with what feels manageable today.

Choosing safe support

The right support should increase choice rather than take it away. Notice whether a practitioner listens without rushing, explains what they are suggesting and accepts a pause or refusal. You can ask how they work with trauma, what happens during an assessment, whether you will be expected to describe events in detail and how sessions are ended safely. It is reasonable to take time before deciding whether someone feels like the right fit.

Support can also include practical changes outside therapy. You might reduce contact with people who minimise what happened, tell a trusted person about situations that are difficult, plan recovery time after triggering events or create a clear boundary around jokes, shouting and physical space. These are not signs that the people who harmed you still control your life. They are ways of using the choices available to you now.

If memories, panic, anger or numbness become overwhelming, return to immediate safety rather than trying to solve the whole past. Move away from danger, orient to the present, contact someone safe and use professional or crisis support when needed. If you fear that you may harm yourself or someone else, treat that as an urgent situation and seek immediate help. You do not have to manage a crisis alone.

Workplaces and social groups can echo earlier experiences when there is teasing, exclusion, public criticism or an uneven balance of power. Notice whether you automatically become silent, over-prepare, assume colleagues are talking about you or remain in an unhealthy situation because challenging it feels impossible. Keep factual notes of concerning behaviour, seek advice from a trusted manager, union or support service, and distinguish ordinary disagreement from repeated intimidation. You are allowed to ask for respectful communication.

Recovery also needs ordinary care. Trauma-related alertness can disrupt sleep, concentration, appetite and energy, which then reduces the capacity to manage triggers. Regular food where possible, movement that feels safe, predictable rest, reduced alcohol or drug use and medical advice for persistent physical symptoms can support the nervous system. These steps do not cure trauma or place responsibility for the harm on you; they strengthen the body that is carrying the recovery work.

Help, books and reliable information

The Body Keeps the Score by Bessel van der Kolk - an influential overview of trauma and the body; some readers may find examples intense.
Trauma and Recovery by Judith Herman - explores safety, remembrance and reconnection.
Complex PTSD: From Surviving to Thriving by Pete Walker - accessible ideas for understanding longer-term trauma responses.

NHS: Post-traumatic stress disorder - https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/
NICE: Post-traumatic stress disorder (NG116) - https://www.nice.org.uk/guidance/ng116
Victim Support (England and Wales): https://www.victimsupport.org.uk/ | 08 08 16 89 111
Samaritans: https://www.samaritans.org/ | 116 123. If there is immediate danger, call 999 or attend A&E.

This guide is educational and does not diagnose PTSD or replace individual trauma therapy, safeguarding support, medical care or emergency help.