



Understanding how the past can affect the present

Trauma is not one single kind of event, and people do not respond to difficult experiences in one single way. Abuse, violence, sudden loss, neglect, frightening events, discrimination, medical experiences, or growing up without enough safety and care can have a lasting impact. Some people identify their experiences as traumatic; others may simply know that certain memories, feelings or reactions are difficult to live with. You do not need to use a particular label or tell your story in detail to deserve support.

Survival responses can continue after danger has passed

When something feels threatening, the mind and body may focus on getting through it. A person might become watchful, numb, quick to react, eager to please, withdrawn, or focused on keeping control. These responses can be ways of surviving, especially when choices or support were limited. Later, reminders of what happened may bring strong feelings or body sensations even when the present situation is different. This is not a sign of weakness or a deliberate choice; it can be a learned response to danger, stress or repeated hurt.

The impact is not always visible

Someone may appear capable and calm while privately dealing with disrupted sleep, shame, anger, anxiety, low mood, difficulty trusting, memory gaps, feeling detached, or a sense of being on edge. Other people may respond differently, and the effects can change over time. Trauma does not explain everything about a person, and it does not mean healing is impossible. What happened was not your fault if someone harmed or neglected you. Responsibility for abuse belongs to the person who chose to cause harm.

What helped you survive then may be hurting you now. This can be explored with care and at your pace. You do not have to carry it alone; support is available, and healing is possible.

This guide is educational. It is not a diagnosis, and it does not assume that everyone with a difficult past experiences PTSD or uses substances.

When the past still feels present

A reminder can be a sound, place, date, smell, tone of voice, body sensation, relationship dynamic or situation that connects with an earlier experience. Sometimes the connection is obvious; sometimes a person simply notices that their body has moved into alarm, shutdown or numbness. A flashback can involve feeling as if an event is happening again, but trauma reminders can also be less vivid: tension, panic, irritability, a need to escape, or difficulty staying present. These experiences are personal. This guide cannot diagnose a flashback or PTSD.

Substances as an attempt to cope

Alcohol or drugs may seem to help someone block memories, manage anxiety or flashbacks, sleep, feel less exposed, or regain a sense of control when life feels chaotic. The short-term effect can feel like relief. At the same time, substances may affect sleep, mood, memory, relationships, health or safety, and can become harder to manage. A person can be dealing with trauma and substance problems together, but one does not prove the other. Support can address both without requiring you to explain everything at once.

Notice the pattern with kindness

If it feels safe and useful, jot down a few words about what came before an urge, what you hoped the substance would change, and what happened afterwards. You can use a voice note or share the reflection with someone; you do not need to keep a written record. Stop if tracking makes you feel less safe or more overwhelmed. The purpose is to learn what support might help, not to judge yourself.

Possible reminder	What did I notice in the moment?
Body or feeling	What showed up physically or emotionally?
What I needed	Safety, rest, distance, comfort, connection, practical help?
A safer next step	What small action could help now? Who could support me?

Avoidance can protect you, and it can also narrow life

Avoiding a place, person, feeling or memory may make sense if it has felt unsafe. It can bring short-term relief. Sometimes, though, avoidance grows until more of daily life has to be organised around not being reminded. That does not mean you should force yourself to face reminders alone. If you want to make changes, a qualified practitioner can help you think about safety, timing and manageable steps together.

A reminder: the response belongs to the past; you are here now

If you feel pulled into a memory, first check what is safest and most comfortable. You might look around and name where you are, read the date, notice a familiar object, or contact someone steady. Grounding is not right for everyone and it does not have to make the feeling disappear. If focusing on your body or senses makes things worse, stop and try a different kind of support, such as moving to a safer place or speaking with someone you trust.

Finding steadier ground

Healing does not mean forgetting, excusing what happened, or forcing yourself to revisit painful memories before you are ready. It can mean having more choice in the present: recognising reminders, asking for boundaries, building supportive relationships, reducing the harm caused by coping strategies, and finding ways to feel safer. Progress may be uneven. A difficult day does not cancel the work you have already done.

Build steadiness before asking anything of yourself

Predictability, choice and safe connection can help create a stronger foundation. You might choose one small anchor for the day: a regular meal or rest break if possible, a familiar route, a check-in with someone you trust, or a simple plan for what to do when a reminder appears. These steps do not erase the past or work for everyone; they can make the present feel a little more manageable while you decide what support you want.

A gentle plan for a difficult moment

- Check immediate safety. If you are in danger now, move towards a safer place or another person if you can. Call 999 if you or someone else needs emergency help.
- Orient to the present in a way that suits you. Look at the room, name a familiar person, check the time and place, or choose another cue that reminds you where you are. You can keep your eyes open and skip any exercise that feels uncomfortable.
- Reduce demands. Pause the conversation, step away from noise or conflict, postpone a non-urgent decision, or ask for a little time. You do not have to explain everything while you are activated or shut down.
- Reach for a safer connection. Contact a trusted person and say what would help: "Stay with me," "Please listen without asking for details," or "Help me contact a service."
- Choose one next step. It might be rest, food or water if accessible, medical care, a support call, or making a plan for the next few hours. Small steps count.

Go at your pace

Talking about trauma can bring up strong feelings. You can ask a therapist or support worker how they work, what they will ask, what choices you have, and how you can pause or stop. You do not have to provide graphic details to begin seeking help. If you are not ready to explore memories, support can still focus on present-day safety, sleep, distress, relationships and substance use. A trauma-informed practitioner should work collaboratively and respect your pace and boundaries.

If substances are part of the coping pattern

Try to approach this with curiosity rather than shame: "What does using help me get through, and what does it cost me later?" A GP or local drug and alcohol service can talk through options even if you are unsure about stopping. If alcohol use is heavy or regular, or stopping brings withdrawal symptoms, get medical advice before cutting down or stopping suddenly because withdrawal can be dangerous.

My next small step

When I notice _____, I can try _____ or contact _____. If that does not help, another safe option is _____.

Choose steps that feel possible. You can change the plan if it does not feel safe or helpful.

Support and healing

You deserve support whether your main concern is trauma, memories, anxiety, low mood, alcohol or drug use, or the way these things overlap. A GP can discuss what is happening and help you find local care. NHS and charity drug and alcohol services can offer assessment and treatment; you can ask what the first appointment involves and whether you may bring someone with you. You can also say what you do not want to discuss yet.

Therapy options

If a person is experiencing PTSD, NHS information describes treatment options that can include trauma-focused cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR). These are not the only forms of support, and what is suitable depends on the person and assessment. A qualified practitioner can explain the approach, benefits, possible discomforts and alternatives so you can make an informed choice. You are allowed to ask questions and take time to decide.

Choosing support that respects your pace

You can ask a practitioner whether they have experience supporting trauma and substance use together, what their approach involves, and how you can pause or change direction if you feel overwhelmed. You can ask what is confidential and what happens if your safety becomes a concern. A respectful service should explain options, listen to what matters to you and avoid pressuring you to share more than you are ready to. It is okay to ask questions before deciding whether the fit feels right.

Help with alcohol or drugs

NHS drug treatment services can talk through treatment options and agree a plan with you. Local services can also help with practical needs and support around relationships, family, work or housing. You do not have to wait until things feel completely out of control. If you want to change your use but are not sure how, describe what you take, how often, what worries you, and any withdrawal or health symptoms as accurately as you can.

Important safety information

If someone is unconscious, having difficulty breathing, having a seizure, or needs urgent medical care after taking drugs or alcohol, call 999. If you drink heavily or regularly and may be physically dependent, do not stop suddenly without medical advice; alcohol withdrawal may require supervised treatment. If you need urgent mental health help in England, call NHS 111 and select the mental health option. If there is immediate danger, call 999 or go to A&E.;

UK support and further information

- NHS: PTSD - symptoms, support and treatments: nhs.uk/mental-health/conditions/ptsd-post-traumatic-stress-disorder.
- NHS: Getting help for drug addiction: nhs.uk/live-well/addiction-support/drug-addiction-getting-help.
- NHS: Alcohol-use disorder: nhs.uk/conditions/alcohol-use-disorder.
- FRANK: confidential drug information on 0300 123 6600, or text 82111: talktofrank.com/contact-frank.
- NHS urgent mental health help: nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health.
- Samaritans: call free on 116 123, any time: samaritans.org.

About this guide

Prepared for Space to Breathe Therapy's Men's Minds resources by Maggie Learoyd MNCPs. This guide offers education and reflection, not diagnosis or individual medical advice. Support options and contact details may change; check the linked services for current information.