COMPLEX POST-TRAUMATIC STRESS DISORDER

WHAT IS COMPLEX POST-TRAUMATIC STRESS DISORDER (CPTSD)?

Complex Post-Traumatic Stress Disorder (CPTSD) is a mental health condition that can develop after long-term, repeated, or inescapable trauma. This might include ongoing childhood abuse or neglect, prolonged domestic violence, captivity, exploitation, or repeated exposure to serious threat. In plain terms, CPTSD affects how a person experiences safety, emotions, self-worth, and relationships.

CPTSD includes the core symptoms of Post-Traumatic Stress Disorder (PTSD), such as reliving the trauma and feeling constantly on edge. It also includes additional difficulties linked to prolonged trauma, including problems with emotion regulation, a negative sense of self, and relationship struggles. CPTSD is recognised as a distinct diagnosis in the World Health Organisation's ICD-11. CPTSD is real, common, and treatable. With appropriate support, many people experience significant improvement and build stable, meaningful lives.

KEY SYMPTOMS AND SIGNS

People with CPTSD often experience a pattern of emotional, physical, and behavioural symptoms. In general, these can include:

Re-experiencing the trauma: Intrusive memories, nightmares, or flashbacks. The person may feel as if the trauma is happening again.

Avoidance: Avoiding reminders of the trauma, including places, people, conversations, sensations, or thoughts. This can lead to withdrawal and a reduced sense of engagement with life.

Constant sense of threat (hyperarousal): Feeling on edge, easily startled, tense, irritable, or unable to relax. Sleep difficulties are common.

Difficulties managing emotions: Strong emotions that feel hard to control, including anger, panic, shame, or grief. Some people also experience emotional numbness or "shut down."

Negative self-beliefs: Persistent feelings of worthlessness, shame, guilt, or being "broken." Many people carry a deep belief that they are unsafe, unlovable, or to blame for what happened.

Relationship difficulties: Trouble trusting others, feeling close, or maintaining stable relationships. People may fear rejection, feel unsafe with others, or swing between distancing and seeking reassurance.

Dissociation: Feeling disconnected from the body, emotions, or surroundings. Some people describe feeling "unreal," blank, or as if they are watching life from a distance.

Physical symptoms: Ongoing stress can affect the body. Common concerns include fatigue, headaches, gastrointestinal issues, chronic pain, and tension.

Not everyone with CPTSD experiences all symptoms. However, a long-term pattern of these difficulties, especially after prolonged trauma, is characteristic. Many people also experience depression, anxiety, substance use difficulties, eating issues, or sleep disorders alongside CPTSD.

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BORDERLINE PERSONALITY DISORDER

HOW COMMON IS CPTSD?

Because CPTSD has only recently been formally recognised, research is still developing. Current evidence suggests CPTSD is not rare. Rates are higher in people who have experienced prolonged trauma, especially when the trauma occurred over time and in situations where the person could not escape or access consistent support.

GENDER

CPTSD can affect people of all genders. Differences in diagnosis often reflect patterns of trauma exposure, help-seeking, and how symptoms are recognised, rather than true differences in who develops CPTSD. It is important that CPTSD is taken seriously in everyone, including men and gender-diverse people, where trauma symptoms may be overlooked or mislabelled.

AGE

CPTSD can develop at any age, but it is particularly common when trauma occurs in childhood or adolescence, because prolonged trauma can disrupt emotional development, identity formation, and attachment. Adults can also develop CPTSD after long-term trauma. Many people seek help years after the trauma, often when symptoms begin to interfere more clearly with work, parenting, relationships, or health.

UNDERSTANDING THE CAUSES: LATEST INSIGHTS INTO CPTSD

CPTSD develops due to trauma, but research shows there is usually a mix of contributing factors. There is no single cause. CPTSD is best understood as the result of prolonged traumatic stress interacting with the person's biology, development, and environment.

Trauma exposure and lack of escape: CPTSD is most strongly linked to repeated trauma, especially when the person felt trapped, powerless, or unsafe over time.

Attachment and developmental impacts: Trauma that occurs in close relationships, especially in childhood, can affect how a person learns to regulate emotions, trust others, and develop a stable sense of self.

Stress response changes: Prolonged trauma can leave the nervous system in a state of chronic threat response. This may contribute to hypervigilance, sleep disturbance, startle responses, and emotional reactivity.

Emotion regulation and coping: People often develop coping strategies to survive overwhelming experiences. These strategies may include avoidance, dissociation, self-harm, substance use, or shutdown. These behaviours often make sense in context, even when they later cause problems.

Social support and ongoing stress: Lack of support during or after trauma, ongoing stressors, and continued exposure to unsafe environments increase risk and can worsen symptoms.

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EVIDENCE-BASED TREATMENTS FOR CPTSD

Dialectical Behaviour Therapy (DBT): DBT was developed by psychologist Marsha Linehan in the 1990s specifically to help individuals with chronic suicidality and self-harm, which are common in CPTSD. The word “dialectical” refers to finding a balance between two opposites – acceptance and change. In practical terms, DBT teaches people two important things: accepting themselves and their feelings in the moment, while working to change unhealthy behaviours. DBT is a type of cognitive-behavioural therapy, but it also incorporates mindfulness practices derived from sen Buddhism. In DBT programs, patients typically attend weekly individual therapy sessions and also group skills training classes. The group part is like a class where they learn specific skills in four modules: Mindfulness (staying present and grounded), Distress Tolerance (getting through crises without self-harm or making things worse, using safer coping strategies), Emotion Regulation (understanding and managing intense emotions), and Interpersonal Effectiveness (communicating needs, setting boundaries, and maintaining healthier relationships). There is also usually phone coaching available, where patients can call their therapist for brief help in using skills during a crisis. Research has shown DBT to be highly effective in reducing self-injury, suicide attempts, hospitalisations, and anger outbursts in people with CPTSD. It’s considered a gold standard treatment. It’s delivered in a very validating way (therapists in DBT acknowledge the patient’s pain and work in a collaborative, often warm style). Many people with CPTSD report that DBT finally gave them the tools they needed to survive and build a life worth living.

Eye Movement Desensitisation and Reprocessing (EMDR): EMDR is a trauma-focused therapy that helps the brain process traumatic memories so they become less distressing and less triggering. The person recalls aspects of the trauma while using structured bilateral stimulation (such as eye movements), guided by a trained clinician.
For CPTSD, EMDR is often paced carefully and may involve additional preparation and stabilisation before trauma processing begins. Many people experience a reduction in flashbacks, nightmares, hypervigilance, and emotional reactivity as traumatic memories become less overwhelming.

LIVING WITH CPTSD: OUTLOOK AND HOPE

CPTSD can be deeply painful and exhausting. Many people feel as if they are living in survival mode, even when life is currently safe. It can affect work, relationships, parenting, physical health, and identity.
The path to recovery is rarely linear. There can be progress and setbacks, especially when new stressors activate old patterns. This does not mean therapy is failing. It is a common part of trauma recovery.
There is real hope. With the right treatment and support, many people experience meaningful improvement. Over time, people often report fewer trauma symptoms, better emotional control, improved relationships, stronger boundaries, and a greater sense of self-trust. CPTSD is not a personal failing, and it is not a life sentence. Healing is possible.

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