What Is Complex PTSD (C-PTSD)?

When harm is repeated, prolonged, and inescapable, it doesn't just leave a memory. It reshapes how you relate to yourself, to others, and to safety itself.

Austan Sloan • Recover-You

A note before you begin. This page describes childhood abuse and neglect, domestic violence, coercive control, and captivity, and it names the ways prolonged trauma reshapes identity and self-worth. Much of it may feel personal. Read it in pieces if you need to, and stop whenever you want. Nothing here is a diagnosis, and nothing here requires you to revisit anything you're not ready to revisit.

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Judith Herman and the Birth of a Diagnosis

> *"The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma."*

In 1992, psychiatrist Judith Herman noticed something the diagnostic manuals were missing. The picture of PTSD they described was built around single, terrible events: a car crash, a combat firefight. It didn't capture what she was seeing in survivors of prolonged, repeated harm. The children raised in chronic fear. The people held in violent relationships for years. The survivors of captivity, trafficking, and political terror. Their injury was deeper and more total. It wasn't just that something terrible had happened. It was that it kept happening, and they couldn't get out.

Herman called this Complex PTSD. Her insight was that trauma under conditions of captivity, whether the bars are literal or relational, doesn't just produce flashbacks and hypervigilance. It reshapes the foundations of a person: their sense of who they are, their ability to trust and stay close to others, their capacity to regulate emotion, and their basic belief about whether the world can ever be safe. The damage isn't only to memory. It's to identity.

> *Single-incident trauma asks: "What happened to me?" Complex trauma asks a harder question: "What did living through that, over and over, make me become?"*

The defining condition isn't the severity of any one event. It's entrapment: repeated harm in a situation you couldn't escape, couldn't fight, and couldn't stop. And it doesn't always look dramatic from the outside. Sometimes the harm is what was absent: years of never being seen, soothed, protected, or kept safe. The nervous system registers chronic neglect as danger too. It just keeps score.

For three decades, this was a clinical concept without a distinct home in the major diagnostic manuals. The World Health Organization adopted the ICD-11 in 2019, and it took effect globally in 2022 with Complex PTSD (6B41) as a separate diagnosis. The DSM-5-TR still does not list C-PTSD separately. Canada currently codes health data through ICD-10-CA while clinicians may

also use DSM language, so the label available in a chart does not always match the framework that best explains the person's experience.

A Personal Reflection

I didn't meet complex PTSD in a textbook. I lived inside these six domains for years before I ever heard them named, collecting other people's labels for what was supposedly wrong with me. When I finally found this framework, my whole history started making sense in reverse. What follows is me handing you, in one sitting, what took me years to dig out.

> **The thing to hold onto:** You are not broken. You adapted to something that should never have happened.

Who Complex PTSD Can Apply To

Complex PTSD isn't tied to one kind of person or one kind of story. The common thread is always the same shape: harm that was repeated, prolonged, and hard or impossible to escape, often during childhood or at the hands of someone you depended on. If any of these feel familiar, you are not on the outside of this conversation. You may be at the centre of it.

Childhood abuse or neglect: ongoing physical, sexual, or emotional abuse, or the chronic absence of safety, attunement, and care during the years your brain was still forming.

Growing up in chaos: a home shaped by a caregiver's addiction, untreated mental illness, violence, or unpredictability. Where you learned to read a room before you could read a book.

Domestic and intimate partner violence: months or years inside a relationship defined by coercion, fear, and control, where leaving felt dangerous or impossible.

Coercive control and captivity: trafficking, kidnapping, hostage situations, imprisonment, or high-control groups and cults that isolate and dominate.

War, displacement, and persecution: refugees, survivors of genocide or political terror, and those who lived through prolonged conflict or systemic oppression.

Prolonged medical or caregiving trauma: repeated frightening medical procedures, chronic illness, or being a child forced into caretaking and adult responsibility too young.

You don't need a single "big" event to belong here, and you don't need to have had it "worse" than someone else. Complex trauma is measured by duration, repetition, and entrapment, not by how dramatic it would look to a stranger. Quiet, ongoing, invisible harm counts. And here's the cruel trick: when it's all you've ever known, the bad becomes normal and the normal becomes strange. You can't see the water you grew up drowning in, and that's how people carry this for decades without a name for it.

The Six Domains of Complex PTSD

The ICD-11 describes Complex PTSD across six domains, grouped into two halves. The first three are the core of PTSD itself. The next three, known clinically as "disturbances in self-organization", are the deeper marks that prolonged trauma leaves on identity, emotion, and connection. Together they form a fuller portrait of what surviving the unsurvivable does to a person.

Domain 01 — Re-experiencing: the past intruding on the present: nightmares, flashbacks, or sudden vivid memories that feel like the danger is happening again right now, not just being remembered. *(PTSD core)*

Domain 02 — Avoidance: steering away from anything that brings the experience back: certain thoughts and feelings, or the people, places, and situations that act as reminders. *(PTSD core)*

Domain 03 — Sense of Current Threat: a nervous system stuck on high alert: hypervigilance, feeling constantly on guard, jumpy, or easily startled, as if the emergency never ended. *(PTSD core)*

Domain 04 — Affect Dysregulation: emotions that swing too hard or shut down entirely: taking a long time to calm after being upset, or feeling numb and emotionally flat. *(Self-organization)*

Domain 05 — Negative Self-Concept: a persistent sense of being worthless, a failure, or fundamentally bad: beliefs about yourself that the trauma wrote in, not ones you arrived with. *(Self-organization)*

Domain 06 — Disturbances in Relationships: feeling distant or cut off from others, and finding it hard to feel close or stay emotionally connected, even with people you love. *(Self-organization)*

An important note: this is an ICD-11 framework. All six domains here belong to the ICD-11, the World Health Organization's diagnostic system and the only major framework that recognizes Complex PTSD as its own distinct diagnosis. It keeps PTSD lean (the first three domains) and adds three separate "self-organization" domains to define C-PTSD. North America's DSM-5 took a different road: in 2013 it expanded its single PTSD diagnosis from three symptom clusters to four, adding a cluster called "negative alterations in cognitions and mood", but it pointedly did not create a separate Complex PTSD diagnosis. Because of that divergence, the DSM's model doesn't map cleanly onto the six domains described here.

A Note on Self-Reflection and the ITQ

The web version of this page includes a private, self-guided reflection built around these same six domains. It runs entirely in the browser, saves nothing, and produces a landscape rather than a score. It has been left out of this printable guide on purpose: an interactive exercise doesn't translate to paper, and a half-translated one is worse than none at all.

If you want to work through the domains formally, use the real instrument instead. The International Trauma Questionnaire (ITQ) is the standard self-report measure of ICD-11 PTSD and Complex PTSD. It uses 12 core symptom items spread across the six domains, each rated from 0 ("not at all") to 4 ("extremely"). It is freely available in the public domain from its authors at the International Trauma Consortium, along with the formal scoring guide and translations in many languages: a printable, authoritative copy you can keep or bring to a clinician.

Before you use it, please read this. The ITQ is a screening and research measure, not a diagnostic test. Only a qualified professional can diagnose anything, and no questionnaire is a substitute for that conversation. If you do work through it, hold in mind a distressing experience or a period of your life when you didn't feel safe. There are no right answers. Go gently. If it starts to feel like too much, it is completely okay to stop.

Self-directed work is real work, but it has a ceiling, and hitting that ceiling is not failure. If the domains are loud, or you're simply tired of carrying this alone, the resources section of recover-

you.ca lists the correct intake doors for Recovery Alberta and AHS, and a survivor's guide to finding a trauma therapist in Alberta, including what to ask for and when to walk away.

Diagnosis Is Not the Finish Line

Here is something that trips up almost everyone who reads about Complex PTSD: the formal diagnosis is built on thresholds. To meet it, certain domains have to "count" in a particular pattern. And so it's common for someone to recognize themselves powerfully in five of the six domains, and then, because the sixth doesn't reach the cutoff, conclude that the whole thing must not apply to them. That the door is closed. That their pain doesn't qualify.

> *Falling one short of a diagnostic threshold changes a checkbox. It changes nothing about your actual experience.*

That's exactly why a dimensional view matters more than a pass/fail one. If five domains are lit up and one is quiet, the honest takeaway isn't "this doesn't apply." It's "there is real, meaningful work available to me across these areas, right now." The dimensional view exists precisely to pull you out of the trap of waiting for a label before you let yourself begin.

And there's a deeper reason not to chase the label as if it were the prize. Many treatments used for PTSD also help symptoms found in C-PTSD: trauma-focused psychotherapy, emotion-regulation skills, safer relationships, and work on shame and avoidance. Complex presentations may need different pacing, more relational work, or additional support. None of that requires a perfect diagnostic code before useful care can begin.

One more honest thing, because it belongs here: if you've been numbing all of this with alcohol, drugs, food, work, or anything else that kept the volume down, that is not a separate problem from what you just read. It's usually the same injury wearing a different coat. You weren't chasing a high. You were chasing the absence of pain.

None of this is to dismiss diagnosis entirely. A formal diagnosis can matter for real-world reasons. It can make it easier to take protected time off work, access certain funded programs, or get accommodations. Those things are worth pursuing if you need them. But the absence of a signed diagnosis is not a locked gate in front of your recovery. You are allowed to start healing today, exactly as you are, with no one's permission and no paperwork required.

Where Healing Actually Begins

When Herman defined Complex PTSD, she also gave us a map out of it. Recovery, she argued, tends to move through three stages. Not in a tidy line, but as a rhythm you return to again and again. You don't have to do them in order, and you don't have to do them perfectly. You just have to start where you are.

1. Safety and Stabilization

Safety and stability matter, but they are not a waiting room you must remain in until every symptom disappears. This stage is about building enough steadiness, support, and concrete skill to approach the work without being overwhelmed. For some people that preparation is brief. For others it takes longer. Good care does not force trauma processing, and it does not postpone it forever by calling avoidance 'stabilization.'

2. Remembrance and Mourning

Once there's enough stability to hold it, healing involves facing what happened and grieving what it cost: the lost time, the lost safety, the childhood or relationship that should have been. This is deep work, usually done with support.

3. Reconnection and Integration

Recovery completes itself not in the past but in the present: rebuilding trust, relationships, identity, and a life that feels like yours. This is where the work becomes about living, not just surviving.

> *Healing is when what happened no longer gets to decide who you are.*

And the doors into that work are almost always closer than they feel. Most people don't lack the capacity to begin. They lack a starting point and permission. Consider this guide both.

Common Questions

What is Complex PTSD?

Complex PTSD is a trauma-related condition that develops after prolonged, repeated, and inescapable harm, often in childhood or within close relationships. Beyond the core symptoms of PTSD, it affects emotional regulation, sense of self-worth, and the ability to feel close to others. It was formally recognized by the World Health Organization in the ICD-11 under diagnostic code 6B41.

What is the difference between PTSD and Complex PTSD?

PTSD typically follows a single or short-lived traumatic event and centres on re-experiencing, avoidance, and a sense of threat. Complex PTSD follows prolonged, repeated trauma and adds lasting disturbances in emotional regulation, self-concept, and relationships. In the ICD-11 they are separate but related diagnoses.

Does the DSM-5 recognize Complex PTSD?

No. The DSM-5-TR does not include Complex PTSD as a separate diagnosis. It uses one broader PTSD diagnosis with four symptom clusters and specifiers. The ICD-11 recognizes C-PTSD separately, which is the framework this guide uses.

Can the ITQ diagnose Complex PTSD?

No. The ITQ is a screening and research measure, not a diagnostic test. Only a qualified clinician can diagnose Complex PTSD.

Can you start healing without a formal diagnosis?

Yes. A formal diagnosis can help with practical matters such as time off work or access to funded programs, but it is not required to begin healing. In Alberta, the main approaches for PTSD and Complex PTSD, including nervous-system regulation, trauma-focused therapy, and safe relationships, are largely the same.

Before You Go

If you recognized yourself in the six domains, that recognition can land in a lot of ways at once: relief at finally having language, grief for how long you went without it, anger that no one named it sooner. All of those are appropriate. None of them mean you've gone somewhere wrong.

What you're doing, looking honestly at what shaped you rather than away from it, is not small. Most people never do it. And the framework on these pages isn't a verdict on who you are. It's a description of what was done to you and what your system did to survive it. Those are very different things, and keeping them separate is most of the work.

This content is here to inform, not to diagnose. If something feels too heavy, step away. Write it down. Breathe. Come back when you're ready. Understanding is not a race, and there is no version of this where reading faster helps.

You are not broken. You adapted. And if you've adapted once, you can do it again, this time toward something that doesn't cost you so much to hold.

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Sources & Further Reading

These sources cover the origin of the Complex PTSD concept, its formal recognition in the ICD-11, the six-domain structure and the evidence behind it, the instrument used to measure it, and the treatment evidence showing how heavily healing approaches overlap across PTSD and C-PTSD.

Herman, J. L. (1992). Trauma and Recovery: The Aftermath of Violence — from Domestic Abuse to Political Terror. Basic Books. *The landmark text that introduced Complex PTSD, distinguished it from single-incident PTSD, and proposed the three-stage recovery model used throughout this guide.*

World Health Organization. (2019/2022). ICD-11: 6B41 Complex Post-Traumatic Stress Disorder. *The formal international recognition of C-PTSD as a distinct diagnosis, defining the three PTSD clusters plus the three disturbances in self-organization that make up the six domains.*

Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., Karatzias, T., & Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and complex PTSD. Acta Psychiatrica Scandinavica, 138(6), 536–546. *The validated instrument for assessing the six domains; freely available in the public domain from the International Trauma Consortium, and summarized by the U.S. National Center for PTSD.*

Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., et al. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. Clinical Psychology Review, 58, 1–15. *The evidence base behind the six-domain structure.*

Karatzias, T., Murphy, P., Cloitre, M., Bisson, J., Roberts, N., et al. (2019). Psychological interventions for ICD-11 complex PTSD symptoms: systematic review and meta-analysis. Psychological Medicine, 49(11), 1761–1775. *Evidence that trauma-focused interventions reduce both PTSD and complex-PTSD symptoms, underpinning the point that healing approaches overlap heavily across both.*

Van der Kolk, B. A. (2014). The Body Keeps the Score. Viking. *Influential synthesis of how trauma can be expressed through sensation, action, implicit learning, emotion, and physiology. Safety and regulation may support deeper work, but they are not universal prerequisites that must be perfected before trauma-focused treatment begins.*

Not medical advice. This guide is educational. If you are struggling, please reach out to a qualified professional or use the support lines above.