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CPTSD (Complex PTSD)

Complex post-traumatic stress disorder (CPTSD) can result from experiencing chronic trauma, such as prolonged child abuse or domestic violence. It's closely related to PTSD and borderline personality disorder. CPTSD is manageable with psychotherapy (talk therapy) and medication.

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Overview

What is CPTSD?

Complex post-traumatic stress disorder (CPTSD, C-PTSD or cPTSD) is a mental health condition that can develop if you experience chronic (long-term) trauma. It involves [stress](#) responses, such as:

- [Anxiety](#).

- Having flashbacks or nightmares.
- Avoiding situations, places and other things related to the traumatic event.
- Heightened emotional responses, such as impulsivity or aggressiveness.
- Persistent difficulties in sustaining relationships.

Examples of chronic trauma include:

- Long-term child physical or sexual abuse.
- Long-term domestic violence.
- Being a victim of human or sex trafficking.
- War.
- Frequent community violence.

While CPTSD is often associated with chronic trauma in childhood, adults who experience chronic trauma can also develop the condition.

CPTSD as a diagnosis

Experts across the field of psychology disagree on if CPTSD is a distinct condition and diagnosis.

For example, two organizations that publish professional reference books have different opinions about CPTSD. In 2019, The World Health Organization (WHO) listed CPTSD in its 11th revision of the International Classification of Diseases (ICD-11). But the American Psychiatric Association (APA), which publishes the [*Diagnostic and Statistical Manual of Mental Disorders \(DMS-5\)*](#), doesn't recognize CPTSD as a distinct

condition. The DSM-5 does list a sub-type of [post-traumatic stress disorder \(PTSD\)](#) called dissociative PTSD that seems to encompass CPTSD symptoms.

Some experts believe that CPTSD, PTSD and [borderline personality disorder \(BPD\)](#) may exist on a spectrum of trauma-related mental health conditions that vary in the severity of their symptoms.

What's the difference between CPTSD and PTSD?

The main differences between PTSD and CPTSD are the length of trauma and the symptoms.

Traditionally, experts thought PTSD generally developed from short-term trauma, such as a vehicle accident or a natural disaster. With research, they realized that people who experience long-term, repeated trauma tend to have other symptoms in addition to the symptoms of PTSD.

Both CPTSD and PTSD involve symptoms of psychological and behavioral stress responses, such as flashbacks, hypervigilance and efforts to avoid distressing reminders of the traumatic event(s).

People with CPTSD typically have additional symptoms, including chronic and extensive issues with:

- Emotion regulation.
- Identity and sense of self.
- Relationships.

What's the difference between CPTSD and BPD?

CPTSD and borderline personality disorder (BPD) share several similar symptoms, such as impulsive behavior, feelings of worthlessness and difficulty forming lasting relationships. Because of this, some experts wonder if these conditions are actually distinct.

According to existing criteria for each condition, the main difference is that chronic trauma has to be the cause of CPTSD, whereas trauma doesn't have to be the cause of BPD. However, BPD is strongly associated with childhood trauma, such as abuse or neglect.

Another difference is that a person usually develops BPD by young adulthood. A person can develop CPTSD at any age.

How common is CPTSD?

As CPTSD is a newer diagnosis, research is lacking on how common the condition is. But experts estimate that it may affect 1% to 8% of the world population.

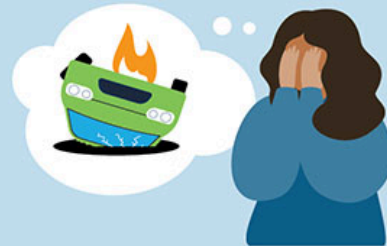
Symptoms and Causes

CPTSD (Complex PTSD)

Complex PTSD includes the core symptoms of PTSD including:



Hyper-aware of any danger.



Avoiding trauma triggers.



Flashbacks.

In addition to the following symptoms:



Difficulty regulating emotions.



Feelings of shame or guilt.



Complex post-traumatic stress disorder is a mental health condition that can develop if you experience long-term trauma.

What are the symptoms of CPTSD?

According to the ICD-11, complex PTSD includes most of the core symptoms of PTSD, such as:

- Flashbacks (re-experiencing the traumatic event).
- Avoidance and detachment from people, events and environmental triggers of the trauma.
- Excessive attention to the possibility of danger (hypervigilance).
- Frequent negative thoughts and emotions.

In addition to the following symptoms:

- Excessive reactivity to negative emotional stimuli with anger and aggressive behavior (affective dysregulation).
- A negative sense of self involving persistent feelings of shame, guilt, failure and worthlessness.

- Severe difficulty in forming and maintaining meaningful relationships.

What causes CPTSD?

According to the ICD-11, complex PTSD results from exposure to a traumatic event or series of events of an extremely threatening nature. The events are usually prolonged or repetitive and escape from the situation is impossible or dangerous.

Examples of these types of traumatic situations include:

- Prolonged domestic violence.
- Childhood sexual or physical abuse.
- Torture.
- Genocide.
- Slavery.

Traumatic stress can change your brain's chemistry and structure. Studies suggest that trauma is associated with permanent changes in key areas of your [brain](#), including your:

- **[Amygdala](#)**: The part of your brain that processes fear and other emotions.
- **[Hippocampus](#)**: The part of your brain that's largely responsible for learning and memory.
- **Prefrontal cortex**: The part of your brain that's involved in executive functions, such as planning, decision-making, personality expression and controlling social behavior.

Some neuroimaging studies show that brain changes are more severe in people with CPTSD compared to people with PTSD.

Diagnosis and Tests

How is CPTSD diagnosed?

There's no test to diagnose CPTSD. Instead, a healthcare provider makes the diagnosis after asking you about your:

- Symptoms.
- Medical history.
- Mental health history.
- Exposure to trauma.

Providers use criteria explained in WHO's ICD-11 to diagnose CPTSD.

However, as CPTSD is a newly recognized condition, some providers may not be aware of it. This may make it difficult to get an official diagnosis. A provider might diagnose you with PTSD instead of CPTSD.

Management and Treatment

How is CPTSD treated?

[Psychotherapy](#) (talk therapy) is the main treatment for complex PTSD.

Specifically, this type of psychotherapy is a form of [cognitive behavioral therapy \(CBT\)](#) called trauma-focused CBT.

This therapy takes place with a trained, licensed mental health professional, such as a [psychologist](#) or [psychiatrist](#). It can provide support, education and guidance to you and/or your loved ones to help you function better and increase your well-being.

Trauma-focused CBT involves:

- Learning how your body responds to trauma and stress.
- Learning how to manage symptoms.
- Identifying and reframing problematic thinking patterns.
- Exposure therapy.

People with PTSD and CPTSD often avoid things or situations that they associate with their trauma. Because of this, they aren't able to learn that they can manage their fear when presented with these stimuli. Therapists use exposure therapy for people who have PTSD and CPTSD. Exposure therapy slowly encourages them to enter situations that cause them anxiety and to try to stay in that situation so they can learn to cope.

Another type of trauma-focused therapy is eye movement desensitization and reprocessing ([EMDR](#)). During this treatment, you focus on specific sounds or movements your therapist introduces while you think about the traumatic event(s). It aims to make the event(s) less upsetting over time.

Cognitive processing therapy (CPT) is another type of trauma-focused therapy. This treatment focuses on addressing the distressing and often problematic thoughts and emotions that have developed since the traumatic event(s).

Medication for CPTSD

Currently, there are no medications approved by the U.S. Food and Drug Administration (FDA) to treat PTSD or CPTSD. However, healthcare providers may prescribe certain medications to help certain CPTSD symptoms, such as:

- [Antidepressants](#) like selective serotonin reuptake inhibitors ([SSRIs](#)) or serotonin and norepinephrine reuptake inhibitors ([SNRIs](#)).
- Anti-anxiety medications.
- Sleep medications.



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Outlook / Prognosis

What is the prognosis (outlook) for CPTSD?

As CPTSD is a newly recognized condition, medical researchers haven't been able to do long-term studies about CPTSD.

For many people, CPTSD is a lifelong condition. The good news is that psychotherapy and medication can help manage your symptoms.

Living With

How do I take care of myself if I have CPTSD?

Aside from seeking treatment for acute stress disorder, things you can do to help yourself include:

- Engaging in mild exercise to help reduce stress and boost your mood.
- Setting realistic goals for yourself.
- Spending time with people you trust and educating them about your experience and things that may trigger symptoms.
- Identifying and seeking out comforting situations and places.
- Attending a support group for people who have experienced trauma.
- Being patient and kind to yourself. You should expect your symptoms to improve gradually, not immediately.

When should I see my healthcare provider?

It's important to see your healthcare provider and/or mental health provider regularly during treatment for CPTSD. If your symptoms get worse, call your provider.

When should I go to the ER?

If you're having thoughts of harming yourself or [suicide](#), go to the nearest emergency room or call 988 to reach the Suicide and Crisis Lifeline.

A note from Cleveland Clinic

It may be very difficult to seek help after chronic trauma. Know that treatment for complex PTSD is important, and with time, treatment can help you get better. Talk to your healthcare provider about treatment options. They're available to help and support you.



✔ Medically Reviewed

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