

Complex and developmental trauma

Understanding safety, connection, and healing through an attachment lens

You deserve care without having to earn it.

Responses that now feel confusing may once have helped you stay safe or connected. Understanding them can create room for more choice.

This guide offers language for exploring your experiences. It is educational, not a diagnosis. You do not need to recognize yourself in every example or remember every detail of childhood.

What do these terms mean?

Complex trauma describes repeated or prolonged traumatic experiences, often involving other people, and their cumulative effects. It can happen in childhood or adulthood. [1, 3]

Developmental trauma describes how trauma during childhood can affect capacities still developing, including trust, emotional regulation, identity, and relationships. It is a clinical framework; Developmental Trauma Disorder remains a proposed diagnosis. [1, 5]

Complex PTSD (CPTSD) is an ICD-11 diagnosis. It involves PTSD symptoms plus persistent difficulties managing emotions, a deeply negative sense of self, and difficulties with relationships. These symptoms must cause significant impairment. A trauma history alone does not establish CPTSD. [3]

Go at your own pace

You can read a little, skip sections, or return later. There is no need to revisit painful memories to use this guide. If reading becomes overwhelming, pause and choose something that helps you feel more present.

People of all genders and backgrounds can experience trauma. A person can have attachment difficulties without CPTSD, and can have CPTSD without childhood trauma. [3]

How relationships teach us about safety

Attachment is the way we seek comfort and protection through important relationships. Children depend on caregivers to help them manage distress. These repeated experiences help shape expectations about other people and themselves. [2, 4]

When support is available

Being comforted and understood can help a child learn: “My feelings are manageable. I can ask for help. I can return to exploring.” Caregivers do not need to be perfect. Reconnecting after a difficult moment matters too.

When support is unsafe or unreliable

A child may learn to watch adults closely, hide feelings, or avoid depending on others. These responses can make sense in the environment where they developed, even if they later carry a cost. [2]

A difficult attachment dilemma:

“I need you to help me feel safe, but sometimes being near you frightens me.”

A dependent child cannot simply choose independence. They may still seek closeness to a caregiver who is frightening or unavailable. Conflicting impulses to approach and move away can help explain some disorganized attachment behaviours. [4]

Disorganized attachment is not a diagnosis or proof of abuse. It is a research classification of observed behaviour in a specific context. An adult’s relationship struggles do not establish their childhood attachment classification. Attachment patterns are not a fixed destiny. [4]

The quiet rules we may learn

Attachment theory calls expectations about ourselves and others **internal working models**. Possible examples include “People usually respond when I need them,” or “I have to be useful to stay connected.” These expectations may feel automatic rather than like conscious beliefs.

A gentle reflection

If it feels useful: When I need comfort, what do I expect will happen? What makes asking for help easier? You can reflect on the present without searching for a childhood explanation.

Patterns that may make sense

The examples below are possibilities to explore, not a checklist. The same response can arise for many reasons, including current stress, culture, disability, discrimination, or an unsafe relationship.

Managing everything alone

If asking for help often led to rejection, handling things independently may have offered protection. Today, receiving support might feel exposing, uncomfortable, or unfamiliar.

Watching for signs of distance

If care was unpredictable, closely monitoring another person's availability may have helped you stay connected. Today, a delayed reply or a change in tone might bring a strong sense of alarm.

Keeping others comfortable

If disagreement threatened connection, agreeing or anticipating others' needs may have reduced conflict. Today, it may be difficult to notice your own preference or say no.

Wanting closeness and needing distance

If closeness brought both comfort and danger, approaching and withdrawing may both have served a purpose. Today, intimacy might feel welcome at one moment and overwhelming at another.

When shame becomes part of the story

Some children make sense of painful caregiving by blaming themselves: "If I were better, this would stop." One possible meaning is that self-blame preserves hope that they can change the situation. This is a clinical interpretation, not something every survivor experiences.

A different question to try:

"What was this response trying to protect, and what support would give me more choices now?"

A protective origin does not make a response harmless. Understanding it can sit alongside taking responsibility, setting boundaries, and changing patterns that hurt you or others.

Making space between alarm and action

A hypothetical example: Your partner asks for an evening alone. You understand the request, yet feel an intense fear of being abandoned. You seek reassurance, then feel ashamed and pull away.

One possible attachment explanation is that distance has previously meant losing care. But the present also matters: a partner may be communicating respectfully, or may actually be dismissive or unsafe. Your history does not cancel out your judgment about what is happening now.

A brief practice: notice, check, choose

1. Notice. Name what is happening without deciding its cause: “I feel alarmed,” “My chest feels tight,” or “I want to leave.” If focusing on your body feels uncomfortable, notice something outside you instead.

2. Find a little steadiness. Keep your eyes open if you prefer. Look around and name a few neutral objects, feel the chair supporting you, or take a sip of water. Choose what helps; stop anything that makes distress stronger.

3. Check the present. Ask: “What do I know? What am I assuming? Is this person respecting my boundaries? What evidence suggests safety or danger?” You do not have to talk yourself out of a valid concern.

4. Choose one next step. This might be a pause, a clear question, a boundary, a small request for support, or leaving an unsafe interaction. You can revisit the conversation later.

Words you might borrow

“I want to talk about this, and I need a pause first.”

“Could we agree on when we will reconnect?”

“I care about you, and my answer is no.”

“I need you to listen before offering solutions.”

Connection should leave room for you

Repair involves acknowledging harm, listening, and changing behaviour. You do not have to reconcile with someone who has harmed you. Building safety may include distance, practical support, community connection, and firmer boundaries.

More safety. More choice. Your pace.

Healing may include noticing your needs sooner, asking for support, tolerating ordinary disagreement, or recognizing when a relationship is unsafe. Progress can be uneven. You do not need to become comfortable with everyone or explain your whole history to deserve care.

What therapy can offer

Therapy can provide a consistent, collaborative relationship with clear boundaries, space to discuss misunderstandings, and support for new choices. Trauma-focused treatments can also help people with complex presentations. Treatment and preparation should be tailored to you; a lengthy stabilization phase is not required for everyone. [6]

You can ask: “How will we agree on the pace?” “What happens if I feel overwhelmed?” “How do you work with my culture, identities, disability, or access needs?” You can raise concerns about the therapy relationship itself.

A small reflection to take into a session

A situation I would like more choice in:

What I notice, and what I need in that moment:

One boundary, support, or small experiment I want to try:

Sources & further reading

1. National Child Traumatic Stress Network. Complex trauma. [Open resource]
2. National Child Traumatic Stress Network. Effects of complex trauma. [Open resource]
3. National Center for PTSD. Complex PTSD: History and definitions. [Open resource]
4. Granqvist et al. (2017). Disorganized attachment in infancy: A review of the phenomenon and its implications for clinicians and policy-makers. [Open resource]
5. van der Kolk et al. (2009). Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V. [Open resource]
6. National Center for PTSD. Complex PTSD: Assessment and treatment. [Open resource]

Take what resonates and leave the rest.