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Overview of ICD-11 Complex Posttraumatic Stress Disorder Research: A Bibliometric Analysis

Descripción general de la investigación sobre el Trastorno de Estrés Postraumático Complejo de la CIE-11: Un análisis bibliométrico

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Abstract
Despite the increasing number of studies on complex posttraumatic stress disorder (CPTSD), no bibliometric study has been conducted to characterize the scientific literature on this specific topic. This study aims to describe the global research landscape on CPTSD through a bibliometric analysis of the literature. Articles on CPTSD were retrieved from the Web of Science and Scopus databases. Analysis and visualization of selected documents were performed using MS Excel (v2406) and the Biblioshiny (v2.0) R package. The study included 299 articles. The results showed a continuous growth in the publication of articles on CPTSD from 2013 to 2023. The most prolific authors in this area were Mark Shevlin, Philip Hyland, Thanos Karatzias, and Marylene Cloitre, the latter being the most cited researcher. The "European Journal of Psychotraumatology" emerged as the leading journal for the publication of CPTSD research. Major themes in CPTSD research included dissociation, childhood trauma, adolescence, latent class analysis, and latent profile analysis, while emerging themes focused on adverse childhood experiences and child abuse. In addition, this study identified a robust international network of scholars, academic institutions, and countries engaged in the study of CPTSD. This bibliometric study provides a comprehensive overview of the ICD-11 CPTSD field of study, highlighting its evolving development, prominent researchers, associated study topics, and current network of research collaborations. These findings can serve as a valuable reference and guide for future researchers and studies in the field.
Keywords: CPTSD, trauma, bibliometrics, Complex PTSD, review.

Resumen:
A pesar del creciente número de estudios sobre el trastorno de estrés postraumático complejo (TEPT-C), no se ha realizado ningún estudio bibliométrico para caracterizar la literatura científica sobre este tema específico. Este estudio tiene como objetivo describir el panorama de la investigación global sobre el TEPT-C a través de un análisis bibliométrico de la literatura. Se recuperaron artículos sobre el TEPT-C de las bases de datos Web of Science y Scopus. El análisis y la visualización de los documentos seleccionados se realizaron utilizando MS Excel (v2406) y el paquete R Biblioshiny (v2.0). El estudio incluyó 299 artículos. Los resultados mostraron un crecimiento continuo en la publicación de artículos sobre el TEPT-C desde 2013 hasta 2023. Los autores más prolíficos en esta área fueron Mark Shevlin, Philip Hyland, Thanos Karatzias y Marylene Cloitre, siendo esta última la investigadora más citada. El "European Journal of Psychotraumatology" surgió como la revista líder en la publicación de investigaciones sobre el TEPT-C. Los temas principales en la investigación del TEPT-C incluyeron la disociación, el trauma infantil, la adolescencia, el análisis de clases latentes y el análisis de perfiles latentes, mientras que los temas emergentes se centraron en las experiencias adversas en la infancia y el abuso infantil. Adicionalmente, el estudio identificó una robusta red internacional de académicos, instituciones académicas y países involucrados en el estudio del TEPT-C. Este estudio bibliométrico proporciona una visión comprehensiva del campo de estudio del TEPT-C según la CIE-11, destacando su desarrollo en evolución, investigadores prominentes, temas de estudio asociados y la actual red de colaboraciones de investigación. Estos hallazgos pueden servir como una referencia valiosa y una guía para futuros investigadores y estudios en el campo.
Palabras claves: TEPT-C, trauma, bibliometría, TEPT complejo, revisión.

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Introduction

The ICD-11 (WHO, 2022) defines Complex Posttraumatic Stress Disorder (CPTSD) as a disorder that manifests after experiencing one or more extremely threatening or horrific events, usually prolonged or repetitive, from which escape is difficult or impossible.

The diagnostic criteria are organized into six symptom clusters, including the three ICD-11 post-traumatic stress disorder (PTSD) symptom groups (re-experiencing the trauma in the present, avoidance of traumatic event reminders, and a persistent sense of current threat) and the three symptom clusters related to disturbances in self-organization (DSO) (affective dysregulation, negative self-concept, and disturbances in relationships) (Maercker et al., 2022). The diagnosis of CPTSD requires meeting the criteria for PTSD diagnosis (at least one symptom from each PTSD cluster, in addition to the duration and clinical impairment criteria), as well as the corresponding criteria for DSO symptoms (at least one symptom from each DSO cluster along with the duration and clinical impairment criteria).

Recent research in CPTSD covers a diverse array of topics, including the conceptual framework, development of assessment tools, empirical validation, prevalence rates, risk factors, comorbidity, differential diagnosis, treatments, and cross-cultural manifestations (Maercker et al., 2022). This is evidenced by the early efforts to conceptualize the ICD-11 PTSD diagnostic criteria (Maercker et al., 2013) and create assessment instruments aligned with the new classification, such as the International Trauma Questionnaire (ITQ) (Cloitre et al., 2018) and the International Trauma Interview (Roberts et al., 2019), which have been translated and adapted across different languages (Bondjers et al., 2019; Dorr et al., 2018; Gelezelyte et al., 2022; International Trauma Consortium, n.d.; Litvin et al., 2017; Redican et al., 2021; Vindbjerg et al., 2023).

In terms of construct validation, several studies have provided substantial empirical support for CPTSD, mainly identifying two models: the six-factor first-order correlated model and the second-order two-factor model (PTSD and DSO) (Redican et al., 2021). The studies indicate that CPTSD has a prevalence of 1% to 20% in the general population, 50% in clinical samples, and 15% to 54% in at-risk groups (Maercker et al., 2022). These proportions are similar between genders (McGinty et al., 2021). In contrast, research on risk factors has identified childhood sexual abuse and early traumatic experiences (e.g., physical abuse by caregivers) as significant predictors of CPTSD (Cloitre et al., 2019; Hyland et al., 2017; Kvedaraite et al., 2021; Maercker et al., 2022).

With regard to comorbidity, CPTSD is associated with a number of different disorders, including anxiety, depression, suicidality, dissociative symptoms, somatic complaints, quasi-psychotic symptoms, and substance use disorders. These associations are often accompanied by an increased symptom severity (Camden et al., 2023; Cloitre et al., 2019; Karatzias et al., 2019a; Maercker et al., 2022). The existing literature supports the distinction between CPTSD and PTSD based on symptomatic differences and clinical correlates (Brewin et al., 2017), as well as a differentiation of CPTSD from borderline personality disorder (Karatzias et al., 2023a; Owczarek et al., 2023). As for its treatment, studies have been conducted that report specialized psychotherapies for CPTSD, which address both PTSD and DSO symptoms (Cloitre, 2022; Karatzias et al., 2023b). Lastly, cross-cultural studies of CPTSD are emerging with the objective of exploring the manifestation of DSO symptoms in cultures beyond the traditional context (Heim et al., 2022).

Although there has been considerable growth and diversification of research on CPTSD, the available data are insufficient to permit a comprehensive description of the worldwide scientific output on the subject. In particular, the productivity rate over time, the authors and journals that have published most extensively on CPTSD, the most relevant articles, the associated topics, and the international networks of collaboration in the study of CPTSD have not been subjected to analysis in a systematic manner. As far as we are aware, no bibliometric study has been conducted that allows for such a description to be made. A bibliometric analysis employs mathematical and statistical methods to examine the evolution of scientific production on a given topic. This process entails identifying articles, topics, trends, and key contributors, among other descriptors (De Bellis, 2009; Donthu et al., 2021; Godin, 2006). A bibliometric analysis of the literature published in CPTSD would provide a comprehensive understanding of the research carried out on this topic, addressing aspects such as the characteristics of scientific production, the evolution of publications over time, the most prolific authors, the specialized journals in this field, the most relevant articles and most studied topics, as well as the collaboration networks between researchers, institutions and countries participating in the study of CPTSD.

In light of these considerations and the relevance of characterizing the scientific production on CPTSD, the objective of this study is to describe the evolution of scientific production on ICD-11 CPTSD through a bibliometric analysis. The questions that guided this study were: Q1. What are the general characteristics of the literature on CPTSD as proposed by ICD-11? Q2. What is the annual publication rate? Q3. Who are the most prolific authors in the field? Q4. Which are the most productive journals? Q5. Which are the most cited documents and what

are the main results of each of them? Q6. Which are the main keywords, coexistence networks and trending topics? Q7. In terms of social structure, what are the collaborative networks of authors, institutions and countries?

Materials and Methods

Database Selection and Literature Search

A bibliometric analysis of CPTSD literature was carried out employing Scopus and Web of Science (WoS), two of the world's leading research databases (Zhu & Liu, 2020). The search was conducted via the advanced search interface of both databases. In WoS, the "TS" field tag was used. The search terms were strategically combined by employing Boolean operators, resulting in the following search string: TS=("Complex PTSD" OR "Complex Posttraumatic Stress Disorder" OR "CPTSD" OR "C-PTSD" OR "Complex-PTSD" OR "Complex Post-traumatic Stress Disorder") AND TS=("ICD-11" OR "ICD 11"). In Scopus, the field code employed was "TITLE-ABS-KEY," while the combination of terms was identical to that employed in WoS, resulting in the following search strategy TITLE-ABS-KEY (("Complex PTSD" OR "Complex Posttraumatic Stress Disorder" OR "CPTSD" OR "C-PTSD" OR "Complex-PTSD" OR "Complex Post-traumatic Stress Disorder") AND ("ICD-11" OR "ICD 11")). No date filters were applied to the search, which was conducted by two of the main authors on November 20, 2023. A total of 644 potentially relevant articles for the study were retrieved, 314 from WoS and 330 from Scopus.

Inclusion/Exclusion criteria

In order to achieve the objective of describing the evolution of scientific production on ICD-11 CPTSD, it was necessary to limit the inclusion to articles that studied CPTSD in the manner proposed by the ICD-11. Consequently, articles encompassing alternative CPTSD proposals, such as Disorders of Extreme Stress Not Otherwise Specified (DESNOS) and Enduring Personality Change After Catastrophic Experience (EPCACE) were not included in this study. In a similar manner, articles pertaining to stress and trauma-related disorders that do not address the CPTSD proposed by the ICD-11 were also excluded. No language or publication date restrictions were imposed, with the aim of recovering the largest number of articles from the date of first publication through November 20, 2023.

Preliminary Search Evaluation

A total of 644 documents were identified through searches on WoS and Scopus, with 314 documents retrieved from WoS and 330 documents retrieved from Scopus. These documents were exported as ".bib" files and subsequently uploaded to Biblioshiny, where they were exported as Excel files and merged into a single database using "RStudio." To combine and consolidate the two files, and to remove any duplicate documents, the following command was used: "combined<-mergeDbSources (file1 Name, File2 Name, remove.duplicated = T)". Subsequently, the file containing both databases was exported in Excel format by executing the following command: "write.xlsx(combine, file = "Com.xlsx")" using the "xlsx" R package. Additionally, a visual review of the database was performed to eliminate any remaining duplicates. To reduce selection bias, two of the authors independently assessed the eligibility and relevance of each document according to the inclusion and exclusion criteria. Documents with differing classifications were discussed until an agreement was reached between both reviewers and a third co-author.

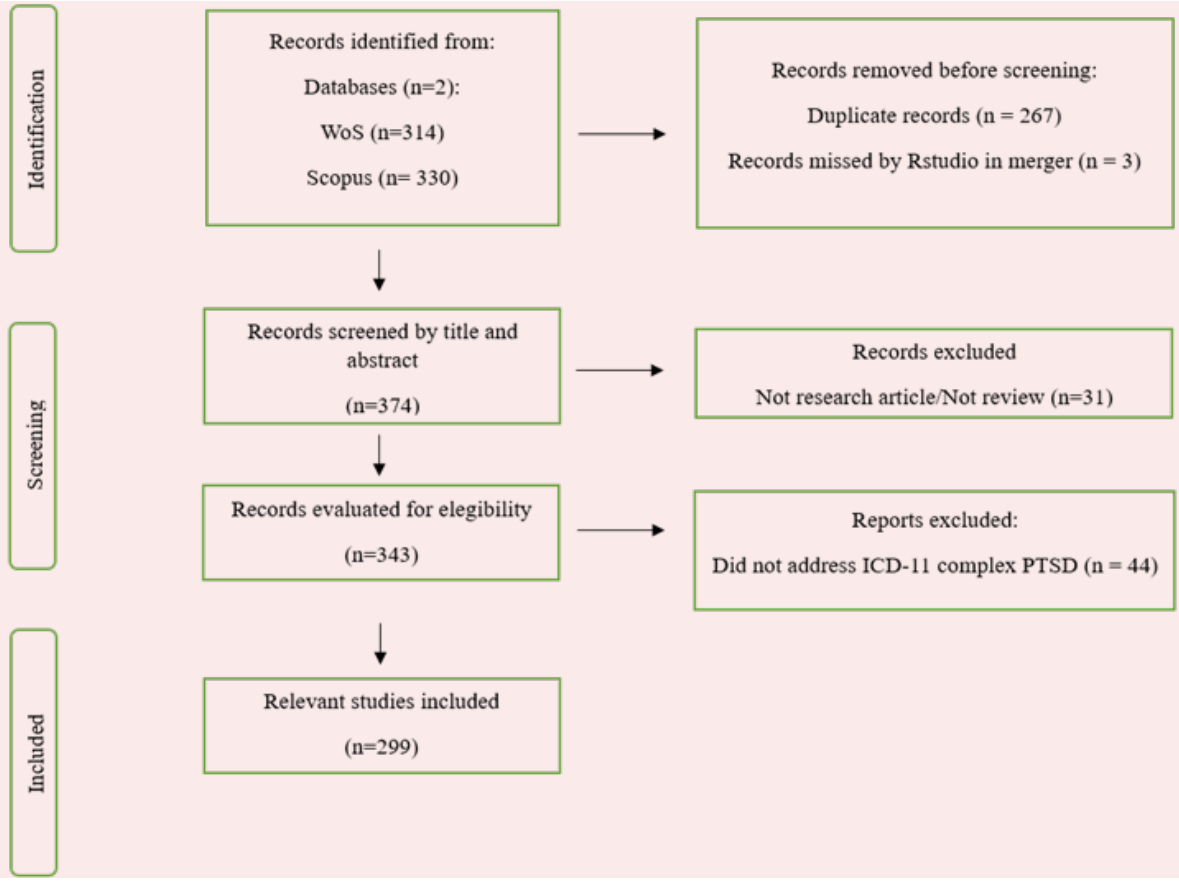

Figure 1. *Flowchart of the publication extraction and filtering process.*

Data Preparation and Analysis

The selected articles were analyzed using R package "Biblioshiny" (v2.0) and MS Excel (v2406). The data were extracted from the databases and subsequently transformed into various formats (e.g., BibTex, CSV, .xlsx) for the purposes of analysis. The analyses yielded the following indicators: a general description of the included documents (number and type, period of publication, number of journals and authors publishing on the topic, annual growth rate of publications), productivity of authors and journals, most cited articles, conceptual structure (co-occurrence network analysis and thematic map, using author's keywords for both), as well as collaboration networks (authors, institutions and countries). To ascertain the productivity of the authors, Lotka's law was used, which proposes that in an unequal distribution of productivity among authors, only a few of them are responsible for the majority of the relevant production on a topic (Ahmad et al., 2021). The most productive journals were estimated using Bradford's Law (1934), which establishes that journals can be ordered in a decreasing sequence based on the number of articles published. In each zone, the number of articles is identical. The journals situated within the initial zone are classified as core journals. A variety of indicators were employed, including the h-index, a metric that assesses the productivity and citation impact of a scientist's or scholar's publications; FA (Fractional Articles), which accounts for the fractional contribution of an author to an article with multiple authors; TC (Total Citations), representing the overall number of citations that an article has received from databases; NP (Number of Publications), indicating the number of articles published by a researcher; and PY (Publication Year Start), denoting the year in which a researcher's first registered publication was released. In the domain of scientific mapping, co-citation analysis, co-word analysis, and co-authorship analysis were employed to map the conceptual and social structures.

Ethical Statement

This study did not involve human participants and did not require approval from an ethics committee to be conducted.

Results

Output of General Information and Annual Publication

A total of 299 records were identified from WoS and Scopus, comprising 277 articles and 22 reviews, published within the timespan of 2013-2023. These publications appeared in 117 different journals. The analysis identified 835 distinct authors contributing to the field, 586 author's keywords and 5,53 co-authors per document. A notable increase in publications on ICD-11 CPTSD was observed over time, with an annual growth rate of 29.49% (Fig. 2).

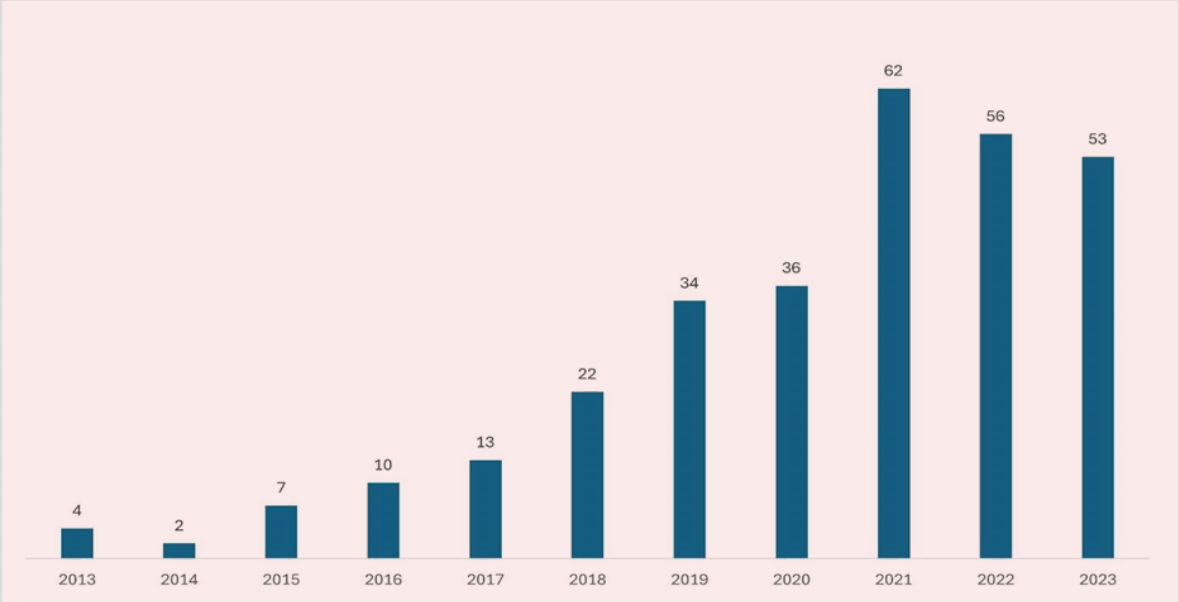

Figure 2. *Annual scientific production in the field of ICD-11 CPTSD.* (*Note:* The number above each bar represents the number of articles published that year).

Distribution of Authors

As shown in Table 1, the most prolific authors were Mark Shevlin, Philip Hyland, Thanos Karatzias, and Marylene Cloitre. Additionally, Marylene Cloitre, Mark Shevlin, and Philip Hyland stand out as the authors with the greatest impact based on their h-index and the total number of citations, with Marylene Cloitre being the most cited author.

Table 1. *Authors with the highest number of articles and greatest impact.*

Authors	NP	FA	H_ index	TC	PY	Institution
Mark Shevlin	75	11.94	33	3752	2014	Ulster University
Philip Hyland	72	11.88	31	3530	2014	Maynooth University
Thanos Karatzias	64	10.30	25	2655	2016	Edinburgh Napier University
Marylene Cloitre	61	9.46	35	4699	2013	National Center for PTSD Stanford University
Andreas Maercker	28	8.01	13	2474	2013	University of Zurich
Menachem Ben-Ezra	24	3.73	11	511	2018	Ariel University
Jonathan Bisson	24	3.04	15	1910	2016	Cardiff University
Chris Brewin	24	4.01	17	3084	2013	University College London
Neil Roberts	23	3.06	16	1921	2016	Cardiff University Cardiff and Vale University Health Board
Ask Elklit	18	3.90	10	573	2014	Danish National Center of Psychotraumatology. University of Southern Denmark

Note: FA (Fractionalized Articles); TC (Total citations); NP (Number of publications); PY (Publication year start).

Journal Distribution

A total of 117 journals published on CPTSD. Of them, four journals were the most prolific on this topic (Table 3, see Bradford's Law figure in the supplementary material). Of the total articles published by these four journals (n=105), the European Journal of Psychotraumatology contributes 66.7% (n=70) of the publications on CPTSD (Table 2).

Table 2. *Top 10 journals that have published articles on ICD-11 CPTSD.*

Sources	Articles	H index	TC	PY Start	Country	Scimago Quartile
European Journal of Psychotraumatology	70	23	2159	2013	UK	Q1
Journal of traumatic stress	15	9	501	2017	United States	Q1
Psychological Trauma: Theory, Research, Practice, and Policy	11	4	183	2017	United States	Q1
Acta Psychiatrica Scandinavica	9	8	901	2017	UK	Q1
Journal of Anxiety Disorders	8	6	330	2016	UK	Q1
Journal of Affective Disorders	7	5	338	2017	Netherlands	Q1
Child abuse and neglect	6	3	41	2019	UK	Q1
Psychiatry Research	6	4	89	2016	Ireland	Q1
Frontiers in Psychiatry	5	3	46	2021	Switzerland	Q1
Journal of loss and Trauma	5	3	24	2020	United States	Q1/Q2

Note: h-index (metric that attempts to measure both the productivity and citation impact of the publications of a scientist or scholar); TC (Total citations); PY (Publication year start).

Most Cited Documents Worldwide

Table 3 illustrates that the most frequently cited articles address the initial proposal of the new ICD-11 criteria for CPTSD, the ITQ questionnaire for its assessment, and the empirical evidence that supports the theoretical proposal.

Table 3. *Features of the most cited articles in research related to ICD-11 CPTSD.*

Authors (Year)	Journal	Title	TC	TC_PY	Principal Results
(Maercker et al., 2013)	World Psychiatry	Diagnosis and classification of disorders specifically associated with stress: proposals for ICD-11.	508	42.33	This article examines the stress-related disorders proposed for inclusion in ICD-11, including diagnostic criteria for adjustment disorder, PTSD, CPTSD, and prolonged grief disorder. It elucidates the rationale behind the proposal for each disorder, emphasizing a more restricted symptomatology for PTSD to mitigate diagnosis based solely on nonspecific symptoms. CPTSD is proposed as a diagnostic category related to exposure to traumatic events that includes PTSD symptoms along with disturbances in affect, self-concept, and relational functioning.
(Cloitre et al.,2018)	Acta Psychiatrica Scandinavica	The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD.	500	71.43	This study presents the International Trauma Questionnaire (ITQ), developed to assess PTSD and CPTSD according to ICD-11 criteria. It demonstrates the robust performance of the ITQ in both community and clinical settings, revealing a higher prevalence of CPTSD relative to PTSD in both populations. In addition, individuals with CPTSD were found to have experienced trauma more frequently than those with PTSD. Based on these findings, an optimized 12-item ITQ scale is proposed that has satisfactory psychometric properties and an internal structure that discriminates between PTSD and DSO symptomatology.
(Cloitre et., 2013)	European Journal of Psychotrauma tology	Evidence for proposed ICD-11 PTSD and complex PTSD: a latent profile analysis	450	37.50	Latent class analysis was used to delineate profiles associated with PTSD and CPTSD symptomatology, distinguishing between stressors and severity of concomitant impairment. Three classes emerged: (1) a complex PTSD class characterized by elevated PTSD symptoms and disturbances in three domains of self-organization (DSO): affective dysregulation, negative self-concept, and interpersonal problems; (2) a PTSD class with high PTSD symptoms but low levels of DSO; and (3) a low-symptom class with minimal scores on all symptoms. Chronic trauma showed a stronger association

					with CPTSD than with PTSD, whereas single event trauma was more predictive of PTSD. In addition, impairment was found to be more strongly associated with CPTSD than with PTSD. These classifications remained consistent regardless of comorbidity with borderline personality disorder, suggesting an initial distinction from this disorder.
(Brewin et al., 2017)	Clinical Psychology Review	A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD	381	47.63	This is a review of studies testing the validity and implications of the ICD-11 PTSD and CPTSD proposals. The evidence generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of complex PTSD symptoms, and the distinction between PTSD and complex PTSD. Estimates derived from DSM-based items suggest that the likely prevalence of ICD-11 PTSD in adults is lower than that of ICD-10 PTSD and lower than that of DSM-IV or DSM-5 PTSD. Evidence suggests that the prevalence of ICD-11 PTSD in community samples of children and adolescents is similar to that of DSM-IV and DSM-5. The ICD-11 CPTSD identifies a distinct group that is more likely to have experienced multiple, prolonged traumas and has greater functional impairment than those with PTSD.
(Cloitre et al., 2014)	European Journal of Psychotrauma tology	Distinguishing PTSD, complex PTSD, and borderline personality disorder: A latent class analysis	238	21.64	In this study, four distinct classes were delineated: one characterized by minimal symptoms, another with PTSD symptoms, a third with symptoms indicative of complex PTSD, and a fourth with symptoms associated with BPD. These findings support the validity of complex PTSD as a separate diagnostic entity from BPD, with important implications for diagnostic accuracy and treatment strategies.
(Karatzias et al., 2017)	Journal of Affective Disorders	Evidence of Distinct Profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the New ICD-11 Trauma Questionnaire (ICD-TQ)	218	27.25	The purpose of this study was to examine whether the ICD-11 Trauma Questionnaire (ICD-TQ) can effectively discriminate between classes of individuals based on PTSD and CPTSD symptom profiles according to ICD-11 criteria using latent class analysis. Results indicated that the ICD-TQ was indeed effective in discriminating between PTSD and CPTSD. In addition, CPTSD was found to be significantly associated with childhood trauma and significant functional impairment. CPTSD is highly prevalent in treatment seeking populations.

(Karatzias et al., 2019b)	Psychological Medicine	Psychological interventions for ICD-11 complex PTSD symptoms: systematic review and meta-analysis	156	26.00	In this systematic review and meta-analysis of randomized controlled trials evaluating psychological interventions for posttraumatic stress disorder (PTSD). Cognitive Behavioral Therapy (CBT), Exposure Alone (EA), and Eye Movement Desensitization and Reprocessing (EMDR) demonstrated superiority over usual care for reducing PTSD symptoms, with effect sizes ranging from moderate to large. Both CBT and EA showed moderate to large effects on negative self-concept, although only one study of EMDR provided usable data in this regard. In addition, CBT, EA, and EMDR each showed moderate to moderate-large effects on improving disturbed relationships. However, limited data on affect dysregulation were reported in the included randomized controlled trials.
(Hyland et al., 2017)	Acta Psychiatrica Scandinavica	Validation of post-traumatic stress disorder (PTSD) and complex PTSD using the International Trauma Questionnaire	152	19.00	In this validation study of the International Trauma Questionnaire (ITQ), lower diagnostic rates were found using the ICD-11 criteria compared to the DSM-5 criteria. A second-order, two-factor model distinguishing between PTSD and CPTSD provided the best fit to the ITQ data. In addition, the PTSD and CPTSD factors showed distinct predictive associations with several psychological variables.
(Ben-Ezra et al., 2018)	Depression and Anxiety	Posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) as per ICD-11 proposals: A population study in Israel	139	19.86	The study assesses the factorial and discriminant validity of the ICD-11 criteria for PTSD and CPTSD at the national level and finds prevalence rates of 9.0% for PTSD and 2.6% for CPTSD. Structural analyses indicated that the symptom clusters for PTSD and self-organization disturbance are multidimensional, identifying discrete classes consistent with PTSD and CPTSD diagnoses.
(Elklit et al., 2014)	European Journal of Psychotraumatology	Evidence of symptom profiles consistent with posttraumatic stress disorder and complex posttraumatic stress disorder in different trauma samples	132	12.00	Latent class analyses supported a three-class model: "PTSD only," "CPTSD," and "low PTSD/CPTSD." Substantial class differences were observed on several measures, including depression, anxiety, dissociation, sleep, somatization, interpersonal sensitivity, and aggression, with the "CPTSD" class scoring highest, followed by "PTSD only," and the "low PTSD/CPTSD" class scoring lowest.

Note: TC (Total citations); TC_PY (Total Citations Per Year)

Conceptual Structure: Co-occurrence Network Analysis and Thematic Map

A primary network (blue) and a secondary network (red) were observed (see Figure 3). The blue network nodes are organized around three central nodes: "complex PTSD," "PTSD," "ICD-11," and "trauma." The thickness of the edges connecting them indicates a high degree of co-occurrence between these words. Linked around them are terms related to mental disorders and symptoms (e.g., depression, borderline personality disorder), methodology and assessment (e.g., ITQ, validation), and trauma-specific terms (e.g., childhood trauma). The red network includes traumatic events and high-risk groups (e.g., childhood sexual abuse, veterans). The green nodes indicate age groups (children and adolescents).

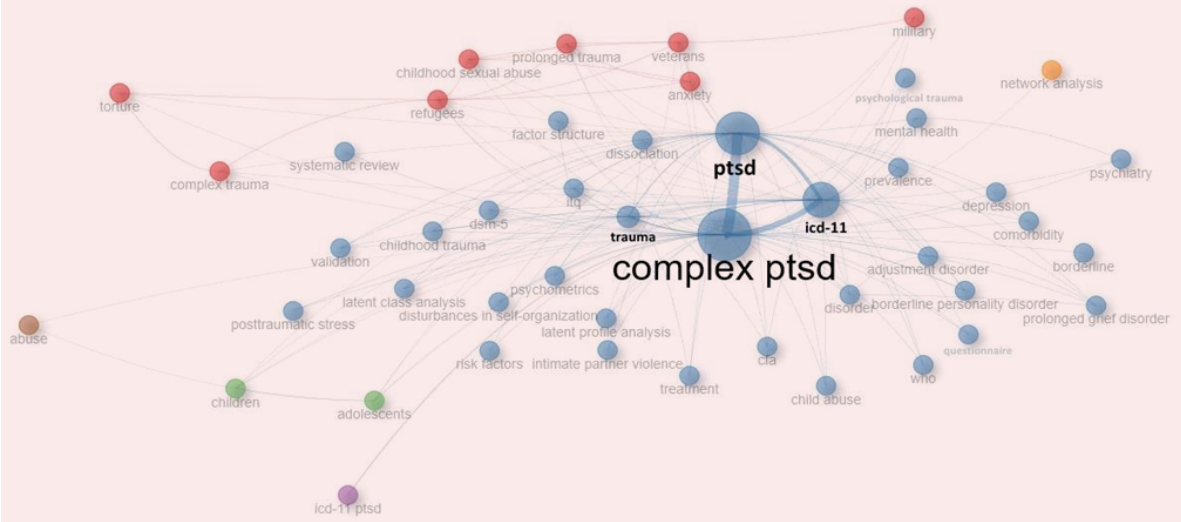

Figure 3. *Author's keywords co-occurrence network. (Note:* Author's keywords were used for the analysis. To avoid redundancy due to repeated terms, synonyms were used to categorize recurring terms. The comprehensive list of synonyms used is provided as supplementary material).

The thematic map organizes the themes into four quadrants based on two axes that indicate the degree of centrality (relevance of a theme in a field of study) and density (level of development of a theme) (Aria et al., 2022). Figure 4 shows that the basic cross-cutting themes for the study of CPTSD are "Complex PTSD", "PTSD", "ICD-11", "Trauma Treatment", and "Comorbidity". Highly developed and field-relevant themes include "Dissociation", "Adolescents", and "Childhood Trauma", as well as "Latent Class Analysis", "Latent Profile Analysis", and "DSM-5". Niche topics that are highly developed but not yet relevant to the field are "effects", "Internet interventions" and "mindfulness". Emerging or declining topics are "mental health," "psychiatry," and "symptoms," "adverse childhood experiences," "child abuse," and "victim awareness. Three themes stand out that are present in the four quadrants: "Refugees", "Complex Trauma", and "Veterans".

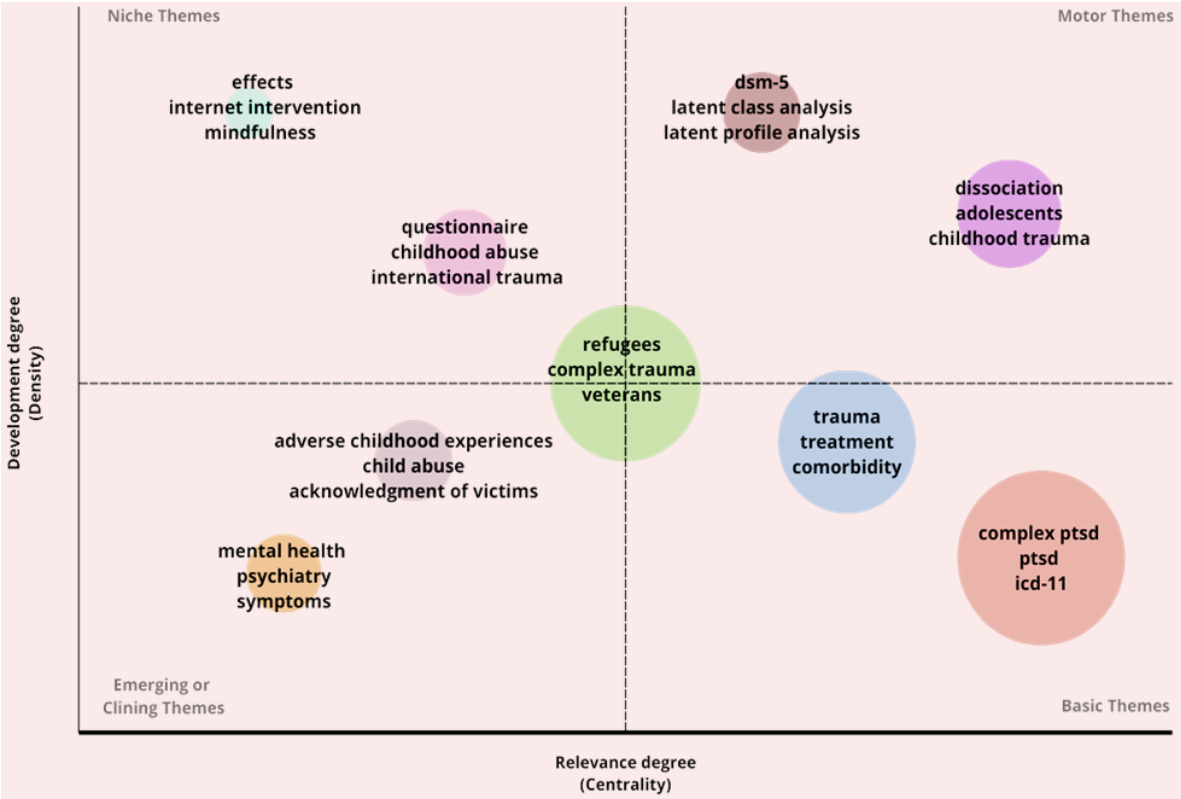

Figure 4. *Thematic map.* (*Note:* Author's keywords were used for the analysis. Since many terms are repeated, synonyms have been used to group repeated terms. The list of synonyms used is available as supplementary material).

Collaboration Network of Authors, Institutions, and Countries

A dense network of inter-author collaboration is observed, converging on a central network (in dark green). This highlights Mark Shevlin, Thanos Karatzias, Marylene Cloitre, and Philip Hyland (Figure 5). Authors such as Jonathan Bisson, Neil Roberts, Chris Brewin, Menachem Ben-Ezra, Claire Fyvie, Catrin Lewis, and Grace Ho are also highlighted. Groups publishing on CPTSD are connected to this network, including the following authors Evaldas Kazlauskas (Lithuania, blue network), Enya Redican (Ireland, brown network), Andreas Maercker (Switzerland, red network).

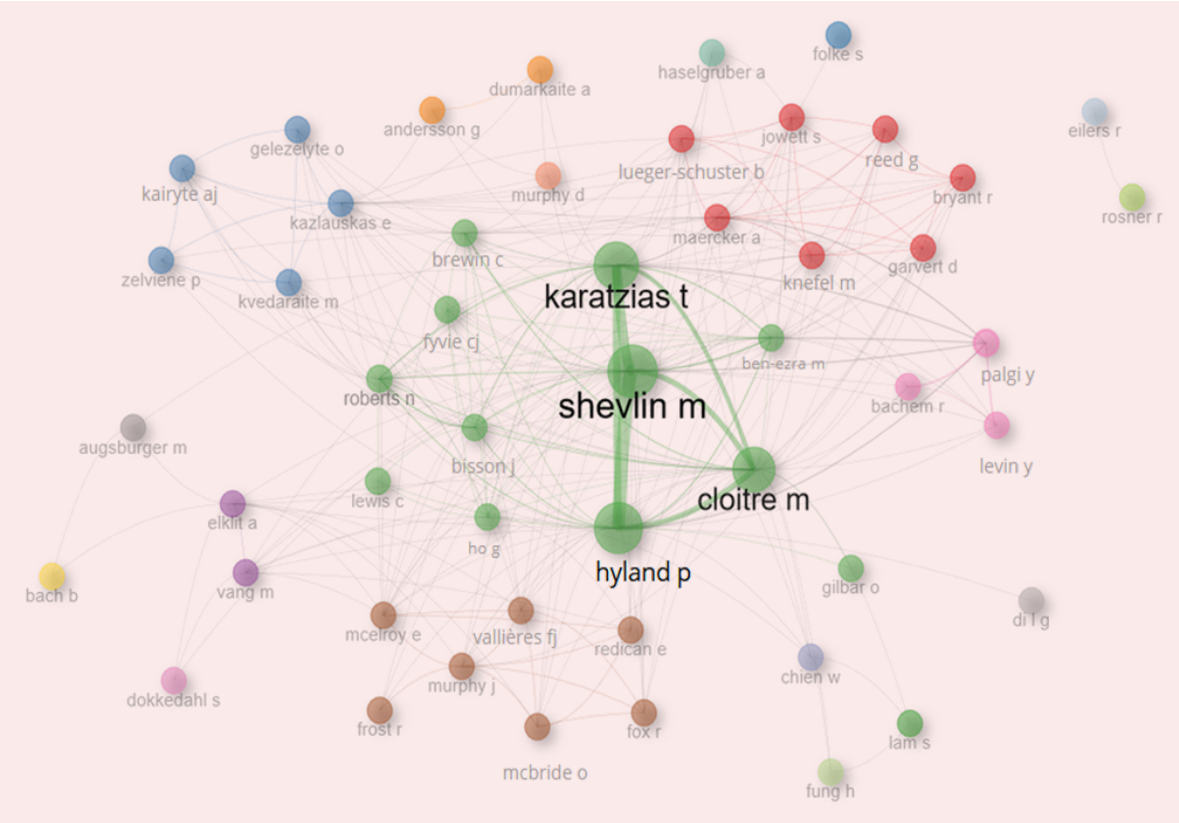

Figure 5. *Collaboration network of the most representative authors in the field of study of CPTSD from the ICD-11.*

As in the previous section, a dense network of collaboration is observed between 40 institutions involved in CPTSD research (universities and clinical centers) (Figure 6). The collaborative network is organized around the central red cluster consisting of 18 institutions, highlighting Ulster University, Edinburgh Napier University, National Center for PTSD, Maynooth University, Rivers Center for Traumatic Stress, Cardiff University, Stanford University, and New York University. Research on this topic is concentrated in institutions in the United Kingdom (Ireland, Scotland, Wales) and the United States. The central network includes institutions in other latitudes, such as Asia (Hong Kong Polytechnic University), the Middle East (Ariel University), and South America (University of Talca). Connected to this central network are a wide variety of institutions located in Europe, North America, Asia and Oceania.

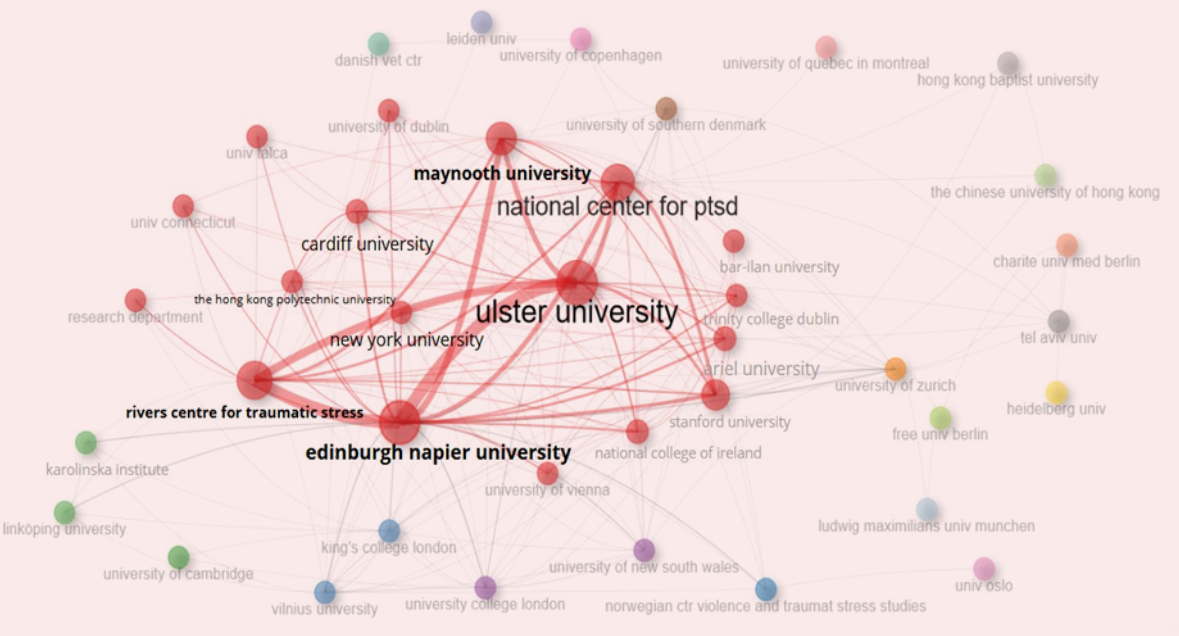

Figure 6. *Collaboration network of the most representative institutions conducting research in the field of CPTSD from the ICD-11.*

In the case of country collaboration networks (Figure 7), the red cluster predominates, highlighting the close collaboration between the United Kingdom, the United States and Ireland as central nodes in a transcontinental collaboration network spanning Europe, Asia, Oceania and the Americas, while the blue cluster consists mainly of European countries.

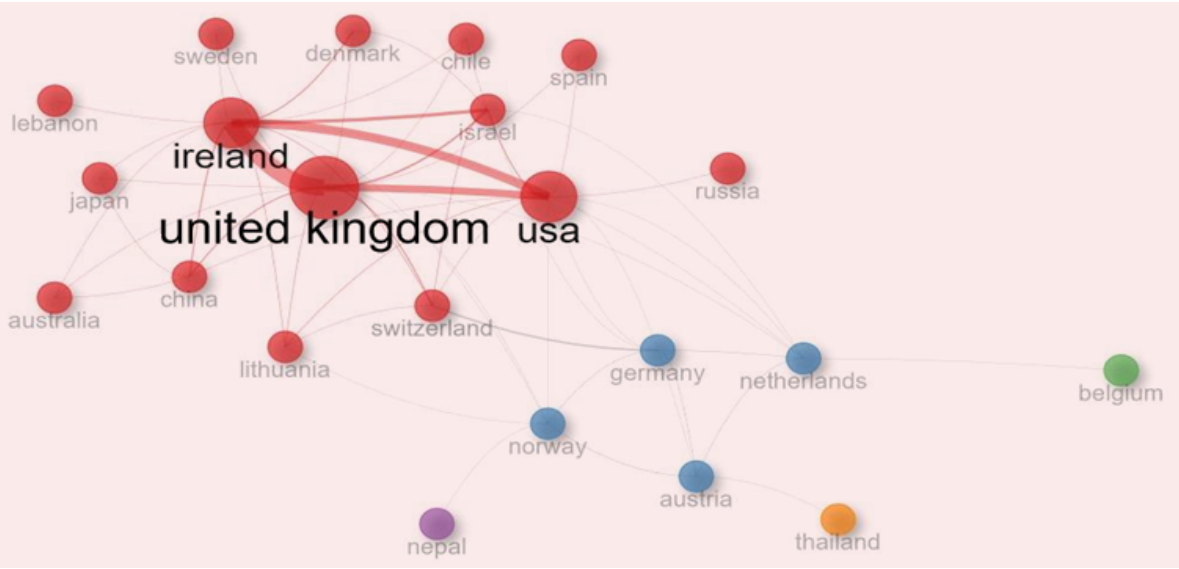

Figure 7. *Collaboration network of the most representative countries in the field of study of ICD-11 CPTSD.*

Discussion

The aim of this study was to describe the scientific production related to ICD-11 CPTSD through a bibliometric analysis of the literature. The results showed that this is a recent field of study, starting in 2013 with the publications of Maercker et al. and Cloitre et al. proposing the diagnostic criteria for CPTSD and the ITQ questionnaire for its assessment. Since then, the number of publications has increased by 29% per year, showing a sustained development. In 2022, a slight decrease was observed compared to the previous year, a trend that seems to continue until November 2023.

The analysis of productivity showed that the authors with the highest number of publications were also the authors with the greatest impact on the field. Authors such as Marylene Cloitre, Philip Hyland, Thanos Karatzias, Mark Shevlin, and Andreas Maercker have been leading the conceptual development on ICD-11 CPTSD since its beginnings, the development of evaluation instruments, and the collection of empirical evidence to support it (Brewin, 2020; Maercker, 2021; Maercker et al., 2022; Karatzias & Levendosky, 2019). Marylene Cloitre is the author with the greatest impact in this field. She is the Associate Director of Research for the National Center for PTSD Dissemination and Training Division. She is also a Clinical Professor (Affiliate) in the Department of Psychiatry and Behavioral Sciences at Stanford University. She has dedicated her career to research and clinical work in PTSD and CPTSD, leading studies that have advanced the understanding of CPTSD, its assessment, and treatment (Cloitre et al., 2009, 2018, 2020a, 2020b, 2023). The most productive author in the field is Mark Shevlin, professor of psychology at the University of Ulster. His area of expertise is psychological measurement, latent variable modeling, as well as the evaluation and understanding of mental health problems (CPTSD, PTSD, trauma, anxiety, depression). The role that Shevlin has developed in the scientific production associated with CPTSD gives an account of the relevance that this field of study has given to methodological rigor in implemented research.

The European Journal of Psychotraumatology (EJP) is the leading journal in terms of productivity and impact in the study of CPTSD, accounting for 66.7% of the total number of articles published in the four most productive journals on the topic, with an h-index twice as high as the next journal. The EJP is an interdisciplinary open access peer-reviewed journal belonging to the European Society for Traumatic Stress Studies (ESTSS). Together with the Journal of Traumatic Stress, Psychological Trauma, Acta Psychiatrica Scandinavica (Scopus Q1, Clarivate 2023 Journal Impact Factor 4.2, 2.4, 2.7, 5.3), they form the core of journals that

concentrate the majority of the most relevant articles in the field. This information indicates the most specialized and relevant literature sources to search for information or publish studies on CPTSD. Nevertheless, the wide range of 117 journals publishing on CPTSD reflects the diversity of scholarly production in the field, which implies a possible emerging diversity of approaches and topics addressed to the subject, suggesting that this research area is a fertile ground for innovation and discovery.

The most cited articles on CPTSD play a founding and articulating role in the field. Maercker et al. (2013) introduced the new CPTSD diagnostic criteria for the ICD-11, thus establishing the theoretical foundations for the study of this disorder. Cloitre et al. (2018) presented the first ICD-11 aligned instrument (ITQ) for the study of CPTSD and provided the initial evidence in support of this disorder. The articles that follow them in number of citations sought to provide empirical support for CPTSD and its evaluation, key aspects for the development of this field.

The co-occurrence network analysis shows that the central themes (CPTSD, PTSD, ICD-11, and trauma) are associated with terms related to mental disorders, symptoms, methodology, and assessment. These results are consistent with the analysis of the themes addressed in the most cited articles. The presence of other disorders within the same network could be explained by the fact that the initial research focused on providing conceptual and empirical evidence to support the ICD-11 proposal for CPTSD, as well as its differentiation and relationship to other disorders such as PTSD, borderline personality disorder, and depression (Maercker et al., 2022). Similarly, the inclusion of terms related to methodology and assessment could be explained by the large number of articles related to the validation of instruments to assess CPTSD in different cultures and contexts (Redican, et al., 2021).

In line with the above, the thematic map shows that the baseline themes in this field are complex PTSD, PTSD and ICD-11, trauma, treatment and comorbidity. In turn, the most central and developed themes in the field relate to aspects such as the study of dissociation, the expansion into new age groups such as adolescents, and the importance of studying childhood trauma (Jowett et al., 2022; Maercker, et al., 2022). In addition, the relevance of statistical analysis in the field is noted by including topics such as latent classes and profiles, terms that are part of the analytical strategies used in the study of CPTSD and comorbidity (Robinson et al., 2023). Topics under development include Internet interventions and mindfulness, demonstrating the use of technology to deliver treatments, as well as the incorporation of new therapeutic approaches (Dumarkaite et al., 2021). The

consideration of topics associated with traumatic experiences such as adverse child experiences, child or childhood abuse, childhood trauma, complex trauma in different quadrants, as well as populations at high risk of trauma such as refugees and veterans is highlighted. This shows the importance of childhood trauma and the experience of complex trauma throughout life as important elements in this field of study (Cloitre, 2022; Karatzias et al., 2021).

As in the previous section, a dense network of collaboration is observed between 40 institutions involved in CPTSD research (Universities and clinical trauma centers) (Figure 6). The collaborative network is organized around the central red cluster consisting of 18 institutions, highlighting Ulster University, Edinburgh Napier University, National Center for PTSD, Maynooth University, Rivers Center for Traumatic Stress, Cardiff University, Stanford University, and New York University. Research on this topic is concentrated in institutions in the United Kingdom (Ireland, Scotland, Wales) and the United States. The central network includes institutions in other latitudes, such as Asia (Hong Kong Polytechnic University), the Middle East (Ariel University), and South America (University of Talca). Connected to this central network are a wide variety of institutions located in Europe, Asia and North America.

The author collaboration analysis reveals a dense network with key authors Mark Shevlin, Thanos Karatzias, Marylene Cloitre, and Philip Hyland, indicating a close and broad collaborative network that is evident in almost all of their publications. The institutional network reflects the affiliations of the main authors in the field. The most relevant nodes are Ulster University (Shevlin, Ireland), Edinburgh Napier University (Karatzias, Scotland), National Center for PTSD (Cloitre, US), Maynooth University (Hyland, Ireland). The international network confirms previous indicators showing that CPTSD research is led by the United Kingdom, Ireland and the United States, reflecting the location of the most active researchers in the field and where several studies have been conducted (Frost et al., 2019; Karatzias et al., 2017; Karatzias et al., 2019b; McCutchen et al., 2022; McGinty et al., 2021; McGginty et al., 2023; Sarr et al., 2024; Shevlin et al., 2018). It is also noted that the CPTSD research field is characterized by an active international network that spans Europe, Asia, North, Oceania and South America. This collaborative network may be due to the fact that in recent years research has been developed to validate instruments and study CPTSD at a global level (Fresno et al., 2023; Gelezelyte et al., 2022; Maercker et al., 2022; Redican et al., 2021; Sarr et al., 2024).

This bibliometric study has several limitations that should be taken into account when interpreting the results. First, reliance on WoS and Scopus alone may

result in incomplete coverage, potentially omitting publications not indexed in these sources. In addition, the focus on English-language publications introduces a language bias, underrepresenting research conducted and published in other languages. The study was completed in November 2023, so the most recent studies affecting the analysis of current trends are not included. In addition, the selection of keywords and search strings may introduce bias by missing certain relevant studies or including irrelevant ones. Finally, challenges related to database consolidation, which resulted in the loss of three records in this study, affect the accuracy and reliability of the analysis to a lesser extent.

Main Conclusions

The aim of this study was to characterize the scientific production in the field of CPTSD, its evolution over time, main authors, articles, journals and topics, as well as the collaboration networks in the study of this disorder. The results showed that this is a recently emerging field with sustained and increasing scholarly production. Journals specialized in the topic are identified, as well as a core of authors leading this field of study, inserted in a close and productive network of international collaboration. The study of CPTSD has developed robustly through the articulation of initial conceptual work, the measurement of the construct, and the collection of evidence to support it. A thematic development focused on the characterization of CPTSD and its relationship to other disorders and variables is observed. It is expected that the mapping of productivity in this field will be useful as a reference for professionals and researchers interested in the study, understanding, and treatment of CPTSD.

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Andrés Fresno: Conceptualization, Writing-review & Editing, Resources, Software, Supervision, Validation. **Osvaldo Hernández-González:** Writing-review & Editing, Resources, Supervision. **Rosario Spencer:** Writing-review & Editing,

Resources. **Nadia Ramos**: Writing-review & Editing. **Santiago Aldunate:** Writing-original draft, Investigation, Data curation, Software, Visualization, Formal analysis. **Isidora Molina:** Writing-original draft, Investigation, Data curation.

Conflicts of Interest:

The authors declare no conflict of interest.

Data availability:

The datasets used in this study care available from the corresponding author on reasonable request.

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