



## Broadcast Transcript

**Broadcast:** Domestic Violence and the Trauma in Its Wake – Part 1

**Guest(s):** Dr. Shannae Anderson

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**Dr. James Dobson:** Welcome everyone to Family Talk. It's a ministry of the James Dobson Family Institute, supported by listeners just like you. I'm Dr. James Dobson, and I'm thrilled that you've joined us.

**Dr. Tim Clinton:** If you're experiencing domestic violence, if you're being hurt in your relationship, let me recommend something to you. There's toll free number you can call. It's confidential. It's safe. It's the National Domestic Violence Hotline. That number is 1-800-799-SAFE, 1-800-799-S-A-F-E or 7233. Also, there's another organization you can call. It's called RAINN. RAINN is the big national sexual assault hotline. That number, 1-800-656-HOPE, 1-800-656-HOPE.

Know this on behalf of Dr. Dobson, the entire team here at Family Talk, and the James Dobson Family Institute, we love you, we want you to know God loves you, and you don't have to live like that. There's help, there's hope, there's strength for a new day. Thank you for listening.

**Roger Marsh:** Thank you for joining us today for Family Talk. I'm Roger Marsh, and today's broadcast is on the topic of domestic violence and trauma. Our guest today is Dr. Shannae Anderson. Shannae is a licensed clinical and forensic psychologist with over 25 years in practice. At her private practice in Thousand Oaks, California, Shannae works in exclusively with adolescents and adults presenting with a number of complex issues. She's also currently an adjunct professor at Fuller Theological Seminary, where she teaches pastoral care and addictions in the recovery ministry program. Our own Dr. Tim Clinton will be hosting this conversation with Shannae on today's edition of Family Talk. Here now is part one their discussion.

**Dr. Tim Clinton** Shannae, thank you for joining us. So great to have you here on Family Talk.

**Dr. Shannae Anderson:** Thank you so much. So happy to be here.

**Dr. Tim Clinton:** We're at the American Association of Christian Counselors, Waymaker World Conference, Orlando, Florida. It's been a magnificent week here. A lot of discussion around on topics that really fit in that mental health lane. A lot of people believing that, no doubt, mental health will be one of, if not the greatest, issues or challenges facing the church and the world community for the next

five to 10 years or more. Shannae, you're out on the front lines. You're a trauma psychologist. A little bit about what you've been seeing. Since the pandemic hit, it's been insane, really.

Dr. Shannae Anderson: It's been really bad. And I remember speaking about this for the first time, probably back in April of 2020, and recognizing just even in my patient population, the fear, the chronic level of fear and terror and confusion about what is going on. Initially it was the terror about this unknown virus that we didn't know what to make of. Then it became the fear that, "Oh my goodness, if we get this, we're going to kill Grandma."

Dr. Tim Clinton            Yeah.

Dr. Shannae Anderson: And then slowly over time, the longer we've remained locked down, depending on where you live, we're starting to see a lot of long-term psychological effects that have just devastated, and are continuing to devastate, adults, teenagers, especially children.

Dr. Tim Clinton:            Anxiety off the charts.

Dr. Shannae Anderson: Anxiety is super profound, often manifesting with Post Traumatic Stress Disorder symptoms. Depression is very severe. We are seeing suicides in 10 year olds, suicides, drug and alcohol abuse, overdoses are greater than they've ever been. Children are committing suicide. I think there's almost more children killing themselves because of the lockdown than those who have died from COVID. We're seeing domestic violence numbers, which initially were hidden because you have your abusers locked in the same house as their victims.

Dr. Tim Clinton:            Horrible. Horrible.

Dr. Shannae Anderson: And yet we know women are still reaching out, confidentially.

Dr. Tim Clinton:            Yeah.

Dr. Shannae Anderson: And it's been terrible because they're being battered by their husbands who are abusing alcohol. Alcohol sales have been through the roof. It has really been a recipe for disaster. Child abuse is up, profoundly, because, again, imagine you've got two parents who are stuck at home, perhaps one or both have lost a job.

Dr. James Dobson:        Yeah.

Dr. Shannae Anderson: They can't leave the house. They're terrified. Anxiety's already through the roof. Then you throw in perhaps homeschooling children that you've never homeschooled in your life, financial difficulties, and people are on edge. And it's very easy to get overwhelmed by everything that's been going on. Then you throw in the fact that's been going on for almost two years.

Dr. Tim Clinton: Shannae, I saw up online from projectsanctuary.org, the stunning statistics. On average about 20 people per minute are victims of physical violence by an intimate partner in the United States. During one year, this equates to more than 10 million women and men. One in five women, and one in seven men, have experienced severe physical violence by someone who's supposed to love them. One in seven women and one in 18 men have experienced stalking victimization during their lifetime. It's horrible to be stalked by someone. And on a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.

There are three Ls that I think about. The lockdowns, the loss, and the loneliness. Three big Ls that really have played into this. Some people are using the word trauma. That it's been very traumatic.

Dr. Shannae Anderson: Yes.

Dr. Tim Clinton: And I know here at the conference, trauma informed care, big topic, a lot of presentations around it, a lot of discussions. Shannae, help us to understand what trauma is.

Dr. Tim Clinton: Let me start off by giving a little bit of background. Trauma really became a word and an area of study really when Post Traumatic Stress Disorder came out as a diagnosis in 1980. And it was originally used for those veterans who came back from Vietnam.

Dr. Tim Clinton: Right.

Dr. Shannae Anderson: And they were suffering from what we used to call shell shock, battle fatigue, war neurosis. We finally had a diagnosis to call them, sufferers from Post-Traumatic Stress Disorder.

At the same time, we were also noticing a number of women who were suffering from either Rape Trauma Syndrome, because they had been traumatized by rape, or Battered Women's Syndrome, which is where they've been traumatized by domestic violence. And all three of these movements came together in the early '80s to address a group of symptoms that are found when one endures a traumatic event. And originally back in the earlier time, back in the '80s and '90s, it was really about the traumatic stressor had to be something that was really life threatening, such as a life threatening car accident or life threatening chronic abuse, things like that where your life was really threatened. And then probably about the turn of the century, perhaps a little bit before we started talking about what we call little T traumas. So, we have our big T traumas, which can be rape, abuse, very life or death, "I think going to die," trauma, which generally leads to Post Traumatic Stress Disorder. But there's also the little T traumas, such as living in a dysfunctional family or walking through a divorce, having someone you're married to commit adultery.

And I do think what we're experiencing now is in some ways a combination of both. I think for a lot of us, this chronic not knowing what's going on, having the goal post change every day, we're masked, we're not masked, we're locked down, we're not locked down. What is really going on?

Dr. Tim Clinton: And if you're prone to have anxiety anyway, to be anxious, I mean, and now your brain's like on hyper alert, it's hard to turn that off. And so when it's on all the time, that's when we get exhausted, don't we?

Dr. Shannae Anderson: Well, and that's where what I work with my patients who are dealing with that chronic level of distress that we've been focusing on for the last two years is the risk of even physical symptoms, in particular adrenal fatigue, which I see with most of my traumatized women in my practice that they are physically exhausted. They're so exhausted, but yet they can't sleep. Their adrenal glands have been on fire.

Dr. Tim Clinton: So, there's no recovery. There's no recovery process.

Dr. Shannae Anderson: Exactly.

Dr. Tim Clinton: Yeah.

Dr. Shannae Anderson: And how can you have recovery when you're constantly, are you losing a job? Are you unemployment? Are you having to teach your kids' school? I mean, there's so many different things going on at once. Not to mention the fact that there is a potentially lethal virus going around.

Dr. Tim Clinton: Yeah. Shannae, what it does is it leads us into a place of almost like insanity.

Dr. Shannae Anderson: Yeah.

Dr. Tim Clinton: And people, they try to give understanding to it, but they struggle, but they know that something's off, and they can't turn it off. And the next thing they know is their relationships in a lot of ways begin to disintegrate, because either they're trying to get too much from other people to help up recover or they're moving away from them and trying to get emotional stability. Both of those processes absolutely wipe us out.

Dr. Shannae Anderson: Absolutely. And I think one of the biggest disadvantages that everybody in our culture has had lately is the isolation. We were never meant to be alone. I mean, and if you look at social isolation that we've been living under, this is the stuff that the CIA uses to break someone down.

Dr. Tim Clinton: I know.

Dr. Shannae Anderson: It's a torture process.

Dr. Tim Clinton: Yeah.

Dr. Shannae Anderson: And so, the fact that people were having to live inside without any contact of person-to-person for months at a time, it can absolutely do a number on your brain. We were not meant to be alone.

Dr. Tim Clinton: Shannae, maybe a thing we could do here is go in and talk a little bit more about living in a violent home or relationship.

Dr. Shannae Anderson: The terror and the helplessness and the powerlessness that a woman will feel at the hands of her abusers is unspeakable. It is so profound and what has been so difficult is that most of these women have been unable to get help in the last two years. They can't even do tele-therapy because their abuser's in the room right next to them. For some of these women, the only time that they were ever able to get out of the house, and maybe talk to a girlfriend who maybe she shared her secret with, was picking up the kids from school. The kids were no longer going to school, so she can't leave the house. And so these women are stuck with these secrets that are just breaking their hearts, minds, bodies, and spirits.

Dr. Tim Clinton: This is your expertise. Let's go into this deeper. What's happening in those moments physically to her?

Dr. Shannae Anderson: In those moments, her body and her mind go into a fight-flight response. God created us with an ability to protect ourselves in those moments when we are at a near death experience, when we are enduring severe trauma. So what goes on in the brain and body of the woman is that her adrenals start pumping adrenaline and cortisol and these major powerful chemicals that are related to trauma. And it forces the woman to either flee her abuser, which often she can't, or fight back with her abuser, which she most likely can't. And she gets stuck in a place of, "Oh my gosh, what do I do? I'm going to die." What happens in those moments when we freeze is a phenomenon called dissociation. And dissociation is when our mind essentially fractures consciousness and separates out from the body and from what we are experiencing in the here and now.

So, for a woman who is being abused and her life is on the line, if she can't fight or flee, she will freeze. And at times like that, I've heard patients talk about they may leave their body. They may be able to kind of see themselves hovering above their body. We hear stories of dissociation where women will talk about just going numb and actually not feeling even any of the pain. And there is this kind of temporary moment while they are being abused, where they're really kind of detached from themselves.

Dr. Tim Clinton: They have to, really, Shannae.

Dr. Shannae Anderson: Exactly.

Dr. Tim Clinton: I've had stories, I've had women tell me that when they were a little girl, their mind couldn't be in that place where were getting abused or hurt so she would become the flower over on the wall.

Dr. Shannae Anderson: Yes.

Dr. Tim Clinton: While the abuse was going on. Is that what you're meaning?

Dr. Shannae Anderson: Absolutely.

Dr. Tim Clinton: Shannae, let's go deeper. A book out called *The Body Keeps Score*. What does that mean?

Dr. Shannae Anderson: During trauma, as I mentioned, when we go into fight, flight, or freeze, and if we dissociate, our bodies are still carrying the trauma in our cells. There are two forms of memory. We have explicit memory when I can say, "Do you know what you had for lunch?" And you can recall it. But implicit memory is a completely different type of memory. It's a somatic memory. It's a perceptual memory. It's an emotional memory. And we don't know that we are encoding it and we also don't know when we're remembering it. And so what happens for trauma survivors is that their body remembers the choking. The body remembers the punches. The body remembers the rapes. Even though the mind may be disconnected from it.

And so, what happens for individuals who are trauma survivors is they are able to get through those moments of trauma, of those moments of abuse, but what is the cost? Because the trauma now becomes embedded in their body. Their mind is disconnected. And so they may not even remember pieces of what happened. They may have what's called dissociative amnesia. When the abuse is done, they may turn and want to make love to their husband and love their husband, which sounds crazy. But they may still love their husband, because so much of that trauma sometimes just gets locked away. It's just too painful.

But what happens is years upon years upon years of this does its damage. And eventually things start to leak out. And the way I talk about it with my patients is that when you're going through something traumatic, it's like, "I can't deal with it. I'm going to shove it in the basement and lock the door." And then after many years of doing this, it's kind of like the dead bodies start to smell.

Dr. Tim Clinton: Yeah.

Dr. Shannae Anderson: And the stuff starts coming back.

Dr. Tim Clinton: It's like a volcano that is getting ready to explode, erupt. Let's go a little deeper. In this, I was thinking about some work by Dr. Bruce Perry, child psychiatrist, talking on childhood trauma. And he said, "The question has changed." And I'm thinking about your comments on trauma, and how he reframed it, how he

trains counselors, people who are helpers, to see trauma differently. He said, "The question has moved from what's wrong with that child, to what happened to that child?"

Dr. Shannae Anderson: Yeah.

Dr. Tim Clinton: That's a big transition, isn't it?

Dr. Shannae Anderson: Exactly.

Dr. Tim Clinton: Because we often act out what we haven't worked out and these kids can't work out that. And so if their body keeps score and all this stuff is storing up and the insanity is cycling on them, then what we may see or perceive as a behavioral problem, really isn't one.

Dr. Shannae Anderson: I actually have a patient who has twin daughters who are four years old. And for the last two years, they've been acting out in bizarre sexual ways, that are not appropriate or typical for small toddlers. And what has happened is the father has been sexually abusing them. And when they are in his custody, they start engaging in just the craziest behavior, even to the point of almost perpetrating other small children, because that's what their brain and body is trying to do, is to heal their own trauma by acting it out in the body and reenacting it because they can't even verbalize it.

Dr. Tim Clinton: Shannae, let's go even a little bit deeper here for a moment. What's happening in the mind? So we talked about the body? What's happening in the mind when trauma's taking place? I've often heard people say this, that people who are like PTSD survivors, they don't remember the experience. They often re-experience it.

Dr. Shannae Anderson: Yes. What happens when we go into that fight, flight, freeze response, we are no longer operating out of the neocortex, which is the higher thinking, responding, part of our brain. When trauma hits it is literally as if someone turns off a light and we are in the darkness and we are immediately operating from our most base parts of our brain. The middle part of the brain, where the amygdala is. The amygdala is the fear center of the brain, and it goes immediately into overdrive. It then also activates the lower part of the brain, which regulates our heart rate, our breathing. And so what happens when we get terrified is we will immediately hold our breath. We don't breathe. We don't move. I mean, if you want to know what a brain does in fear, look at a look at a scared animal. What does a pet do when frightened by a larger pet? They will freeze.

Dr. Tim Clinton: If you feel threatened, I mean threatened, I'm telling you what, your body goes wild.

Dr. Shannae Anderson: Absolutely.

Dr. Tim Clinton: And your mind is just like, "Ah."

Dr. Shannae Anderson: And so, what happens is when you are operating from that middle part, that amygdala part of your brain, everything else goes on hold. And you're not going to be necessarily thinking of, "Oh gosh, my husband's beating me up. I wonder if he paid the medical insurance so I can go to the emergency room after this?" You are only thinking, "How am I going to survive this?" And that's where the brain, there's a phenomenon called peritraumatic dissociation, and peritraumatic dissociation is the dissociation that occurs around the trauma. And when individuals have peritraumatic dissociation, it renders them at greater risk to develop PTSD later.

So, the way it works emotionally is, the trauma hits, again, whether this is you're being battered, abused, car accident, natural disaster, whatever it is, your life is on the line, you become terrified. You're operating out of that middle limbic part of your brain. You can't fight back, you can't flee, and so you will freeze. And in that moment, things may all of a sudden go into slow motion. You might feel like you're out of your body. And that is the peritraumatic dissociation.

In that moment, I do believe God has given dissociation to abuse victims to keep them alive. Trauma is like a 100 pound weight that is being thrown at you. So what the brain will do is kind of fracture it off into smaller chunks that you can tolerate.

Dr. Tim Clinton: Yeah.

Dr. Shannae Anderson: And so, it fractures it off into maybe all the physical sensations that your body is experiencing in that moment, they kind of get locked in a closet in your mind. All of the emotional experiences, the terror, the helplessness, those get locked into another closet in your mind. And then when the trauma is over, the victim can take a deep breath, and that will activate what we call the parasympathetic nervous system, which then all the chemicals that kind of calm the body will get activated. And the individual over time will eventually go back to normal.

But the question is, is what's happened during those few seconds, minutes, hours of trauma, that for some individuals, they may not have a recollection due to the dissociation. They may have a fragmented recollection. They may not feel it in their bodies. I mean I've worked with individuals right after car accidents and they feel no pain, although they've got serious injuries, and that's an example of how dissociation works to kind of keep the pain away temporarily until we can handle it.

Dr. Tim Clinton: And I fear, and we're fighting time here just for a moment. There's no doubt, many, if not everyone listening, either knows of someone or maybe they're in that type of a situation. Shannae, speak to us because I want you to come back on the broadcast tomorrow. We're going to talk about hope, help, healing, a new day, a new you, finding your voice again. And there is hope in healing.



Dr. Shannae Anderson: Yes.

Dr. Tim Clinton: This has been a difficult conversation.

Dr. Shannae Anderson: One of the hardest things about trauma is it is called speechless terror. The trauma gets stored in the part of the brain where there is no language. And that is why so many individuals have a hard time talking about it. And you're right. Perpetrators will threaten, they will coerce, they will take away the voice, but we know words have power. We know the one who is the Living Word is an example for us. And that the answer to this is finding your voice and being able to speak out to someone who is safe, to talk about what's happened.

Dr. Tim Clinton: The Psalmist said, "Thou my mother and father forsake me. The Lord will deliver me up." We hold on to that hope. We've got a message of hope. Let me say today, if you're in a very difficult, horrible, complex situation; I know, we know it's hard to figure out what to do. Shannae, but what they should do is find a trusted friend, someone. Begin the journey toward getting help because sometimes just taking the first step, calling a number, having a conversation, looking at someone and saying, "Help me." can begin the journey of the life you cry out for every day.

Dr. Shannae Anderson: Tim, that is so true and I see it often. I see it all the time. There is always hope.

Dr. Tim Clinton: Thank you for joining us.

Dr. Shannae Anderson: Thank you so much.

Roger Marsh: If you or someone you know is a victim of domestic abuse, call the National Domestic Violence Hotline at 1-800-799-7233 or text the word "start," S-T-A-R-T, to 88788. The National Domestic Violence Hotline is completely free and totally confidential. By reaching out, you will access a network of highly trained advocates who offer tools and support to help survivors of domestic violence live their lives free of abuse, and they're available 24/7. Again, that number to call is 1 800-799-7233. Or you could text the word "start" to 88788.

Dr. Clinton and Dr. Shannae Anderson had a very heavy, yet extremely important conversation on today's edition of Dr. James Dobson's Family Talk. And if you missed any part of today's broadcast, be sure to visit us online at [drjamesdobson.org/broadcast](http://drjamesdobson.org/broadcast) to listen to the show in its entirety. That's [drjamesdobson.org/broadcast](http://drjamesdobson.org/broadcast). And make sure to join us again tomorrow for the conclusion of this vital conversation on the topic of domestic violence and the trauma in its wake. I'm Roger Marsh. Thank you for joining us today for Dr. James Dobson's Family Talk.

Announcer: This has been a presentation of the Dr. James Dobson Family Institute.