LNP 286
The Impact of Childhood Domestic Violence
Dr. Linda Olsen

Kelly: Hi, it’s Kelly Campbell, your co-host. Welcome back to the Legal Nurse Podcast. We’re here with Dr. Linda Olsen, and we’re in for a treat today. Dr. Linda Olsen is a licensed psychologist and psychotherapist. Welcome, Linda.

Linda: Thank you Kelly, I’m thrilled to be with you today.

Kelly: We’re glad you’re here. As a psychologist and psychotherapist, as well as a victim advocate with over 30 years in private practice specializing in domestic violence, abuse, and trauma, Dr. Olsen has a dual masters in clinical social work and clinical psychology from the University of Iowa and a doctorate in clinical psychology from the Georgia School of Professional Psychology. Her post-doctoral work has focused on developing treatment programs for those who experience childhood domestic violence and struggle with its impact.

Dr. Olsen is a board member of the Childhood Domestic Violence Association and is the chapter founder and president of the Association’s Georgia chapter. She has dedicated her life to raising awareness of childhood domestic violence and helping deliver the solutions to those affected in memory of her two sisters whom she believes lost their lives because they were unable to overcome that impact.

Growing up with CDV herself, Linda has a personal understanding of the profound feelings of lost, hopelessness, and feeling alone that are associated with childhood trauma. And, she has experienced first-hand the cycle of violence, fear and uncertainty that all too often persists for those who have such experiences.

Welcome, Linda, we’re so glad you’re here.

Linda: Thank you Kelly and thank you for that warm welcome. It’s a pleasure to be here, and I’m really excited to share what’s the most
unknown, unaddressed childhood adversity. Most people aren’t even aware of it, which is really, really tragic in many cases.

**Kelly:** It sure is. It sure is, so you know you have a personal history and now the professional story. So, tell us how should we become aware and how should we get started?

**Linda:** First of all, let me clarify it so people really know what the definition is. When most people think of domestic violence, they think about women, abuse, and pain, and they really forget about the kids living in the home growing up witnessing the violence between parents or violence directed toward a parent from a significant other.

Childhood domestic violence, which is what I specialize in, is about children who grow up living in homes witnessing violence between parents and/or significant other.

Often people think because the children are physically untouched, they’re unaffected. However, it has a profound and often tragic impact on children for the rest of their lives. In fact, UNICEF says that it’s the most pervasive human rights challenge of our time.

Look at the statistics. Kids who grow up with CDV (Childhood Domestic Violence) are six times more likely to commit suicide, 50 times more likely to abuse drugs and alcohol, 70 times more likely to commit a crime. And this is really key: it’s the single best predictor of whether somebody is going to become a perpetrator or a victim later on in life. It’s the single best predictor of repeating the cycle of becoming a victim or perpetrator, and there’s a lack of awareness, which sets kids up to not even know how vulnerable they are to repeating the cycle.

**Kelly:** Right, it brings to mind nature and nurture, and you become or witness your environment.

**Linda:** Absolutely, because abuse is a learned behavior and when you grow up witnessing and living in constant fear, when the two most significant people in your life model that kind of behavior, you internalize that as normal. It becomes internalized in the brain. It literally changes the brain chemistry, as we know from all the trauma research.
And it feels like it’s normal. It feels like it’s right. It feels like that’s what love is because that’s what you’ve learned and you’ve internalized. Keep in mind, we’re talking about a developing brain. Brains aren’t even developed until the age of 25.

Kelly: You were giving some statistics with UNICEF. So, approximately how many people are impacted?

Linda: Well, tragically, one billion lives around the world globally are impacted. And according to UNICEF, 275 million children are currently impacted and an estimated 40 million adults grow up in homes like that, so that’s one out of seven adults.

Kelly: Oh, my.

Linda: So, it’s really profound, and it has a lasting impact even if the kids do not grow up to become a statistic. It has a profound and impact on their emotional and physical health. These kids often grow up feeling very alone, sad, hopeless, angry, frustrated, unattractive, unlovable. The saddest part is that, in my practice, they don’t even know why they feel the way they feel.

Kelly: Right, it’s their norm.

Linda: Right, it’s their norm, and we’ve not been able to label it. It’s so critical that we label it and diagnose it so that we can treat it. We obviously can’t treat something that we don’t diagnose or acknowledge.

Kelly: Right, right. So, what does this childhood adversity most predict? You know, you were saying that it predicts behaviors and that sort of thing, but what does it most predict?

Linda: Yeah, that’s a great question because that’s really what I want people to know today. The one take-home, and thank you for asking, is that childhood domestic violence is the single best predictor of becoming a perpetrator or a victim of domestic violence later in life. It’s the single best predictor of sexual abuse, gang violence, any other kind of child adversity. Yet unlike the other childhood adversities, where there’s
95% awareness, there’s less than 15% awareness of the impact that growing up witnessing the violence has on kids.

Kelly: Wow, so breaking the cycle or continuing the cycle. What is the percentage of awareness for CDV?

Linda: Yes, again, it’s less than 15% awareness and, as you know, how can we heal something we don’t even acknowledge? The first step is awareness, so it’s critical that people really begin to understand what this is and the gold standard, a study, looked at all the childhood adversities and found that CDV was the least known, least addressed childhood adversities. It’s almost like what smoking was to lung cancer 40 years ago, CDV is to domestic violence.

Kelly: So, what are some signs or how can we be aware, or how can we increase awareness?

Linda: Well that’s a great question. The first thing is awareness and to ask the question. You know I highly recommend people go to CDV.org. CDV.org is a childhood domestic violence association. It’s based in New York close to you. A wonderful, wonderful association. It’s the leading organization that treats CDV. Brian Martin, who’s the founder, has written an amazing book called Invincible, and it’s the first book that addresses this childhood adversity.

I will tell you, Kelly, unequivocally, in my practice, which is here in Atlanta, I treat mainly CDV patients and childhood trauma and sexual trauma. Every patient who reads Invincible says “Wow, this is amazing. This changed my life. How come nobody knew about this?”

And I say, “Well, unfortunately it’s not been talked about because, as you know, most people think about domestic violence as involving women, and they really forget about the kids. They think because the kids have not been touched, somehow there’s no impact.”

It’s like PTSD to veterans. Of course, they’re impacted when they go off to war and witness this violence and live in fear. So, these kids grow up living in constant fear and uncertainty. They feel really alone because nobody is talking about it, which increases the isolation, the
depression, the suicide, the fear, and the statistics of repeating the cycle.

**Kelly:** Interesting analogy. Yes, the PTSD of it all.

**Linda:** Absolutely, absolutely. Well think about it, I mean how can you grow up in this kind of environment witnessing your parents physically or non-physically, emotionally, you know with mentally and verbally abusing each other and not live in fear, and not feel hopeless and not think that, “Is this what love is?” This is learned behavior.

**Kelly:** Right, they don’t know the difference.

**Linda:** They don’t know anything different. They don’t know anything different literally. They’ve never witnessed anything different, and so they’re going to repeat what they’ve learned and what they’ve internalized until we start raising awareness. And, I’m so excited that I’ve introduced in memory of my two sisters a project that people can join AND help children and families to find hope after loss and domestic violence. And that’s called “Projecthopebear.org.” I’m just thrilled. My goal in the memory of my sisters was to create a project that could really help children and families address this unrecognized issue and bring the kids hope and comfort.

**Kelly:** That’s beautiful. That is beautiful. I know we were going to save this until towards the end of the podcast or series, but tell us a little bit about it now while you’ve mentioned it. Tell us about the Project Hope.

**Linda:** Project Hope Bear, it’s a brand new pending 501C3 organization that I created and developed in memory of my two sisters and it’s intended to help children and families find hope after loss and after domestic violence. So, it’s a teddy bear. It’s really soft and cuddly. It deals with all the senses, and it’s one way people can help children. Give them a teddy bear, show them that they care, and bring hope to these kids. Hope is one of the single biggest predicators of recovery. People need to have hope.

**Kelly:** True, so true. You know I volunteer at an at-risk youth home center, and there’s at any given time 30 youth living there, and they would
love a Hope Bear, you know. That’s a beautiful thing you’re doing. Absolutely.

Linda: Thank you. Thank you. I’m so excited. It’s got the “You Are Not Alone” message because most kids and adults feel so alone, and I patented the two-hearts ribbon for “Hope” in memory of my two sisters, and I have to say that it’s soft and cuddly. It’s even got a secret compartment in the back of his neck under his ribbon where you can put a keepsake to someone you loved, whom you lost to domestic violence or homicide or suicide.

And, it’s very, very meaningful because it’s one way to acknowledge the death and get people talking about their loss, sharing their story. And in psychology, we call it a transitional object that provides a lot of relief, and comfort, and hope and acknowledges this forgotten population.

I think that was what was most important to me in memory of my two sisters, that there was nothing that was really acknowledging this most unaddressed, unacknowledged, devastating, and tragic childhood adversity.

Kelly: Yeah, yeah, I’m so sorry.

Linda: Thank you. Thank you very much and you know it’s really about turning adversity into advocacy and I know that my sisters are looking down, and they’re with me, and I feel like this is a passion of mine. I’m passionate about helping women who grew up with CDV and/or any kind of childhood trauma heal and reach their full potential. It’s just critical.

Most of these kids, like I said at the beginning of our podcast, most of the women who come into my office, my practice, and men and couples, don’t even know why they feel the way they do, which I think is so tragic.

If you go to the doctor and he tells you, “Okay, you know you have this,” you understand. “Okay,” you got the certainty. “Now I know why I’m feeling this way.”

Kelly: Right.
Linda: This is really tragic when you don’t know why. You don’t have that certainty and yet you’re feeling very alone like, “What’s wrong with me? What’s wrong with me? Why do I feel like this? I feel really alone,” and it’s not talked about. It’s not talked about, unlike sexual abuse and physical abuse and domestic violence. In childhood domestic violence, the kids growing up in these homes are not asked, “What’s it like growing up in your home? What kind of experience did you have?”

I strongly recommend going to CDV.org. There’s wonderful information that people can take for free. There’s an online program for free so you can be the one to help a child. For any of those listening who are in the Atlanta area and really are struggling with feeling anxiety, suicidal, and trauma, I love healing women.

It’s my passion, and I certainly would love help for creating these bears. My goal is to give out 5,000 bears this year and someday give every child who lost a loved one to violence or experienced childhood domestic violence all over the world a Hope Bear.

Kelly: That would be beautiful.

Linda: Thank you, Kelly.

Kelly: Yeah, absolutely, and dare I say your sisters are proud of you too, not just looking down on you and watching over?

Linda: Well, I feel their energy.

Kelly: Yep.

Linda: I felt called. I really felt called. It’s part of the reason I’m on the board of the Childhood Domestic Violence Association. And, I came down here in Atlanta in 2015 because two of my sons—I have three sons, and two were born down here, and I literally felt called by God to come down here to start the first chapter in the country for the Childhood Domestic Violence Association.

I have an amazing board of dynamo women. They’re pioneers and we’re training clinicians. And, it’s amazing partnering with different groups, Georgia State University, and different domestic violence shelters and
hospitals, to build the awareness and train clinicians because, as you know, we have to be able to train clinicians. Most training programs don’t even deal with this. They don’t have classes that talk about the impact, the profound impact it has on these kids.

**Kelly:** Well, that’s what I wanted to ask you. You know as nurses, we are required to take child abuse classes annually to maintain our license. Now we observe for the physical signs, what can we observe or what should we look for, for signs for children living in these types of domestic abuse?

**Linda:** A very simple question, “What’s it like growing up in your house?”

“What’s it like growing up in your house” is a very simple question and it’s very rarely asked. Children will tell you, “Well, mommy and daddy fight a lot of the time. I’m scared. I feel like it’s my fault.”

You know children naturally are going to internalize that there’s something wrong with them when they see their parents fighting. That is a natural developmental primary reaction, to blame themselves, and so that gets manifested. Keep in mind, children internalize their self-image by the time they’re 6, so by age 6 they’ve already internalized “This is my fault.”

It creates and perpetuates this kind of self-blame that erodes the self-esteem and makes these kids so vulnerable to blaming themselves, feeling so hopeless and so alone, having a lot of anger and resentment, having a lot of sadness. There’s no place to talk about it, especially for boys, that we know. When we look at a lot of the school shootings, a lot of the kids in those instances grew up in families where they witnessed the CDV, and as a culture there’s something every one of us can do by raising awareness and talking about this.

It’s really critical that we help these kids find the hope and help them heal to break the cycle and it only takes one person.

**Kelly:** It does.

**Linda:** One person. It doesn’t take an amazing amount of time. It takes one person to make a difference. Start by asking the question, “What’s it like growing up in your home?” Go to the online sites that I have
described and there’s all this free incredible information where you can learn about it. People are so afraid of what to say, especially to kids who have lost a loved one to domestic violence.

One of the things that I would say is, and I’ve got this on the site too, the ProjectHopeBear.org site, what not to say is just as important as what to say.

Kelly: Right.

Linda: Do not say, “They lived a long life” or “What age was your mom?” or talk about what happened to you. Do not, do not, do not. Listen. Listen, listen, listen. Let that person share their story. That is a huge part of the grief process, allowing the person to share their story and validating their story. That’s the first step to healing.

Kelly: Okay, such valuable information. So, to recap, let’s do this, what websites? Project Bear? Tell us again?

Linda: Thanks for asking. It’s ProjectHopeBear.org, so www.projecthopebear.org is where you can donate to raise money to help us manufacture the teddy bears that are adorable, and I should have them right in front of me. He’s adorable. If you go to the site, you’ll see him. He’s really soft and cuddly. He’s 12 inches. He’s got a blue nose, and patients love him. He’s got the Awareness Ribbon on his foot and the “You Are Not Alone” message.

And then, mostly for information, educational information, please go to CDV.org, a wonderful, wonderful website, amazing. It’s the leading organization that focuses exclusively on children who grow up with CDV. It’s not an afterthought. It’s not like the stepchild. It makes sure the kids are not forgotten. The kids are the primary focus.

And of course, if you’re struggling, if you need therapy, go to Grief.com. It’s another great website. David Kessler does a great job at teaching people about grief and loss.

And if you’re struggling with CDV, I’m happy to help you. It’s my passion. You can go to my website, which talks about all the different kinds of treatment I use, CBT, DBT, a lot of acronyms I don’t want to bore all your listeners with, but they’re all evidence-based treatments that
work. And one of the things that I do want to say to your listeners, I can’t do it *for* you, but I can do it *with* you. You don’t have to suffer alone.

**Kelly:** That was so sincere. That was so sincere. That’s beautiful. I keep saying that word today. I’m just so enamored by you.

**Linda:** Well, I appreciate the opportunity to get this word out. It’s the least I can do. Truthfully, it’s the least I can do to help people, and there’s so many things that we can do that people underestimate, but which make a huge difference. Asking somebody, “How are you? What kind of house did you grow up in?”

Sharing your story, being willing, having the courage, because to every patient who comes into my office I always say, “It takes a lot of courage to come in and share your whole story with a perfect stranger.”

**Kelly:** Yeah. Well, I think it’s my time that I spend with these at-risk youth on a weekly basis. These children are so dear, and they just need a chance.

**Linda:** Absolutely.

**Kelly:** It’s just they need help, you know.

**Linda:** Yes, it’s heartbreaking, and they need to be validated. They need to be listened to, validated and empathized with because I can tell you unequivocally everybody who grows up with CDV and/or the others, sexual traumas or physical abuse, neglect, incarceration, did not feel listened to, wasn’t validated, wasn’t empathized with.

It’s not like people said, “How are you feeling, Kelly? How is your day? How are you feeling?” “Well, Mom, I didn’t have that great a day,” “Okay, well, that makes sense.” The message was, “Well, what’s wrong with you?” or to cover up and deny your feelings like somehow if you feel rage or sadness or anger, or frustration, there’s something wrong with you. Well, how are you not going to feel it when you grow up living in constant fear?

**Kelly:** Right, right, right. Well, a call to action to our audience. Ask a question, right?
Linda: Yes, absolutely. I would love to hear some questions and provide some solutions for people who have questions. You know that’s how we start by asking the question.

Kelly: “What’s it like in our home?” is a primary question.

Linda: Absolutely.

- “What’s it like growing up in your home?”
- “What’s it like growing up in your home?”
- “What’s the relationship like between your parents?”

Kids will say the truth when they feel like they can trust you. You know kids don’t want to lose their parents, obviously. They don’t want to get their parents in trouble, so to really develop a support network on CDV.org, it explains everything.

The Change of Life Program, it’s a free assessment you can take, which is perfect for any caregiver to begin asking the right questions. Giving the child a bear, donating a bear to a child whom you know grew up with CDV to comfort and to acknowledge and to give that child hope is huge, is huge.

Kelly: Right, and it’s not just physical abuse, it’s emotional abuse. Growing with the emotional abuse, not just physical.

Linda: Right, absolutely. Kelly, that’s such a great point. I’m so glad you asked me that because most people think because the violence was non-physical that somehow it didn’t have a profound impact. We know according to the research, all the trauma research, that growing up with the physical and non-physical, the constant verbal, emotional, mental and financial abuse has more profound impact because of chronicity.

In fact, a different research shows that for girls especially who grow up with sexual violence and emotional abuse, the invalidation has a greater impact on them than the actual physical abuse. Well, think about it, if you’re growing up always being told, “You’re wrong. That didn’t happen. That didn’t happen, you’re making it up.” You know the child begins to really question and judge themselves.
“Well, maybe I’m crazy. Maybe it really didn’t happen.” This sets them on a cycle to perpetuate that uncertainty, that fear and judging themselves. They think, “There’s not something wrong with that person, there’s something wrong with me.”

Kelly: Right, yeah self-esteem and everything like that.

Linda: Absolutely, it has a devastating impact on self-esteem and self-confidence. I mean, think about it logically, how can you feel confident about yourself if you’re growing up with fear and you’re being told that there’s something wrong with you, and nothing is being talked about?

Kelly: Yeah, yeah. Wow, lots of to think about and a call to action. Everyone, you can just ask one question, one question. So, all right, thank you, Dr. Linda Olsen, and audience, don’t forget to tune in next week. Always more to learn. Thanks so much.

Linda: Kelly, thank you so much. I appreciated it so much and good luck with the kids whom you’re working with as well. Good luck to them.

Kelly: I know, yeah.

Linda: I send my blessings to them. They’re wonderful and it’s great what you’re doing.

Kelly: It touches my heart, so thank you. Bye-bye.

Linda: Okay thank you, Kelly. Bye and have a great day.

Kelly: Hey, you too.

Linda: Bye.

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