Dr. Nadine Burke Harris had one of those rare and amazing “aha!” moments a decade ago when reading a scientific paper. Researchers from the Centers for Disease Control and Prevention had found that the more traumatic events a person suffered in childhood — things like physical, emotional or sexual abuse, mental illness in a parent, divorce, neglect and domestic violence — the more likely he or she was to also suffer from chronic stress-related health problems like heart disease, obesity and premature death decades later.
For weeks after reading that paper, she says she was not getting a lot of sleep as she pored over the research on these so-called adverse childhood events, or ACEs. Suddenly, what she had been seeing in her patients all day made sense. There was the 7-year-old with persistent asthma, for instance, whose body she realized was overwhelmed by the cumulative trauma from his mother’s depression, his father’s heavy drinking and a sexual assault three years earlier. Asthma medication wasn’t enough to help this young patient; she needed also to recognize and treat the chronic stress that was making it impossible for him to recover.

Dr. Burke Harris, who founded and runs the Center for Youth Wellness in San Francisco, has dedicated the years since to treating chronic stress and raising awareness about the link between traumatic life events and our health.

After a 2011 article in The New Yorker and a 2015 TED Talk, Dr. Burke Harris was flooded with questions from people who wanted to know more. She’s just published a book, “The Deepest Well: Healing the Long-Term Effects of Childhood Adversity,” outlining her experiences and what she’s learned. She spoke with us about the cumulative effects of trauma, how her work led her to her husband, and what ACEs can teach us about the recent gymnastics sex abuse scandal. The interview has been edited and condensed.
Q. You talk a lot about adverse childhood experiences, or ACES, the early traumatic events that can impact our health. Is it simply an additive problem, that is, the more adverse events you have, the more affected your health is likely to be?

A. What the science is showing, No. 1, is that the greatest risk is with the cumulative dose of adversity — your total exposure, how they pile up. The other piece is the absence of that caregiver who is able to buffer the effect of that chronic stress.

Q. As anyone with a sibling or more than one child knows, people will respond differently to the same situation. How much do individual traits change or mitigate the effect of ACEs?
If you take a population of 1,000 people or 10,000 people or 100,000 people and they all have one ACE versus two ACEs versus seven ACEs — what you’re going to see is this substantially increased risk of health problems. Are there still going to be folks who by virtue of their biology or circumstance or environment are able to be resilient in the face of adversity? There are. Just like there’s the guy who smoked two packs a day and drank whiskey every day and lived to be 100. The takeaway for me is how we’re trying to reduce the exposure on a population level.

Q. You’ve said that your work on ACEs led you to your husband. What do you mean by that?

A. I won’t comment on any of my ex-boyfriends, but I was like — whoa — the type of relationship that I have has a profound impact on my life span and my health. Not just how I feel, but this could seriously shorten my life expectancy.

My husband is a person who I feel heals me from the inside out. He’s been really instrumental in what I’ve been able to accomplish in terms of starting my organization and galvanizing this movement, because it’s super stressful and he is such a buffer to my stress. Even if I come home and have had a really rough day in clinic, and had a patient with a really awful story that’s really heartbreaking, he just helps. He helps me to metabolize it and displaces those stress hormones with lovely nurturing, bonding hormones.

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Q. So, should we all be checking our prospective spouses for ACEs?

A. It’s not that my husband doesn’t have any ACEs. Sometimes experiences of adversity do augment this empathic response. It’s really about how they’re responding to it, how they’re dealing with it on a day to day, and whether they are able to recognize and have healthy habits around their stress response, as opposed to having unhealthy coping habits.

Q. In your book, it was striking how hard you had to fight to get people to recognize that ACEs aren’t limited to poor neighborhoods — that children of all socioeconomic classes suffer adverse events.

A. I’ve said only half joking that the difference between Bayview [a low-income, diverse neighborhood] and Pacific Heights [an affluent, largely white community] is in Bayview, everybody knows who the molesting uncle is and in Pacific Heights they don’t. It’s really true. In low-income communities, they’re so under-resourced that it’s really difficult to hide this stuff, but in affluent communities people feel so much like reputations are at risk that they hide it and it just festers.

Q. Would the Dr. Larry Nassar case be an example of that? He apparently molested generations of female gymnasts, most of whom weren’t financially disadvantaged. And no one stopped it for years.
A. That’s the point. It happens to Olympic gold medal-winning women in the middle of Michigan. The tendency when it comes to trauma is to want to shy away from it. That’s part of the cycle of how trauma works, that we don’t like the way it feels to talk about it so we try to push it away. But I hope we’re at a different moment.

Q. Do you think the trial made a difference for the women who testified? Was it the kind of social buffering event that you’ve talked about as helping to counter adverse experiences?

A. We can’t protect every child from bad things happening to them, but we can change the way we respond as a society. That judge gave those women a platform to name what happened to them and then connect with each other and bond over this experience.

To so many of them, they have been suffering in silence, and to see that their voices were powerful and they helped to take this person off the street and protect other women — that helps to transform the narrative in a way that helps to break the cycle.

Right now, I think there are a tremendous number of people in our country who are recognizing that trauma lives in the body. Recognizing childhood adversity as a risk factor for how we’re going to deal with stress in the present is really important. I think there is a lot of prevention that can happen when people just have this information.