

# A Client's Perspective on Trauma-informed Care

Tonier “Neen” Cain was 37 years old when she first heard the words that changed her life: “We’re glad you’re here.”



They were spoken by a member of Tamar’s Children, a Maryland-based nonprofit that counsels female inmates. Cain had met innumerable such social workers before, during a two-decade spiral of drug addiction, prison stays, and unsuccessful rehabilitations that had been ongoing since she was 19. Her childhood, too, was marked by parental neglect and routine sexual abuse. And like many others who spend their lives in perpetual conflict with the criminal justice system, Cain had begun to doubt her own worth as a person. She was resigned to moving from one agency and jail to another, essentially a spectator as different public officials decided her fate.

But those four simple words—“We’re glad you’re here”—offered Cain a glimpse of what life might be like if somebody valued her. “After years of living under a bridge and on the streets, in institutions or with people spitting on me, someone told me they were glad to see me,” she says. It was her introduction to trauma-informed care, a treatment method that assumed she had something to offer the world.

She now travels the country giving speeches on the power of trauma-informed care, and providing technical assistance to programs, cities, and counties that want to implement it. In her own words, Cain went from eating out of a trashcan and assuming she’d be homeless forever, to dining with politicians and guiding youth workers to help young people who have suffered unbelievably. Her experience with Tamar’s Children is a model of how trauma-informed care can positively affect former victims.

## “There Were No Expectations on Me”

When Cain talks to program directors who are looking to implement a trauma-informed approach, she first tells them to expect skepticism from their traumatized clients. She speaks from experience: “We’ve been beaten and hurt all our lives by authority figures, so why would we come in to your program and feel safe?”

Cain credits Tamar’s Children for their undemanding attitude. “I didn’t even want to live anymore, so when I came to the table... I didn’t have any hope. But there were no expectations on me,” she says. Having come to expect that social workers would simply view her as another irremediable repeat offender, she was surprised to instead find that the entire staff had prepared for her arrival. They’d had meetings to discuss her history, and each staff member was familiar with her past abuse and her emotional



triggers.

So their first responsibility, Cain says, was to help her feel empowered instead of helpless. "People weren't looking at me like I was a piece of gum on their shoe. So often the only thing we have to do with our own treatment plan is to sign it. But I was called to the table and asked what was the best way to help me. They wanted to help me help myself so I could become independent."

### **"I Can Be Whoever I Want in this World"**

Cain literally first learned about the concept of "trauma" at Tamar's Children. She was so used to a life of abuse and neglect that she couldn't imagine an alternative. But then, she says, "My counselor said, 'Tonier, everything that happened to you as a child happened *to you*, you didn't do it to yourself.'" This idea was revelatory. With her counselor, Cain addressed her abandonment by her mother, and began a process of actual recovery, not just damage control.



Comparing it to the treatment she'd received before, Cain says, "[Trauma-informed care helped] my belief system change from 'I am nothing' to 'I am somebody, and I can be whoever I want in this world.' Once that changed I could start making good decisions in my life."

### **Seeing Past "Behavior Problems"**

In her current capacity providing training and technical assistance, Cain explains to youth workers that what might seem like "behavior problems" are often a traumatized youth's way of coping with memories of abuse.

Cain remembers visiting a youth-care program to help implement a trauma-informed approach. One young woman had been deemed a racist by her adult supervisors. "I asked to have her in my focus group and they said, 'You don't want her, she's racist.' And the first thing she said in the group was, 'I don't like black people.' But there's always a reason, and she tells me she was gang-raped by six black men, and that she was homeless in an African-American community where girls were beating her up."

Recognizing a person's unique trauma is the first step in trauma-informed care, and that can only be done with a thorough intake process that is shared with every member of the staff. In Cain's words, the intake form needs to be referred back to throughout treatment, "not just stapled to the front of a file, never to be seen again."

From her own experience as a client, Tonier Cain knows that the best way to address trauma is through nonjudgmental, personalized care with an emphasis on an individual's emotional triggers. And while this approach saved her life when she was well into adulthood, she advocates its use with young people so that they might avoid her struggles.

Reflecting on the help these young people might receive, Cain wonders, "If only someone asked me the same questions at age 9 that they asked me six years ago, and were prepared to hear the answers."

