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Food insecurity-related stigma and disclosure among emergency food program clients: a qualitative analysis

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Food insecurity-related stigma and disclosure among emergency food program clients: A qualitative analysis

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Abstract

Background: Stigma is a well-recognized barrier to accessing emergency food assistance, yet relatively few studies have systematically documented the experiences of pantry clients using a stigma framework. Guided by the Stigma and Food Inequity Framework, this study aimed to examine clients' experiences of individual-level food insecurity-related stigma and their decisions around disclosing participation in emergency food programs. **Methods:** We conducted 45-minute semi-structured interviews with 18 emergency food program clients in Pennsylvania and Delaware. Discussion guide topics included individual-level stigma (i.e., anticipated, enacted, internalized, stereotype threat), perceived stigma, and disclosure experiences. Demographic and food insecurity (Hunger Vital Sign screener) data were also collected. Data were analyzed using a hybrid inductive and deductive coding approach. **Results:** Participants experienced multiple forms of stigma while accessing emergency food program assistance, which negatively impacted their well-being and prevented them from returning to certain pantries. Anticipated stigma in the form of embarrassment and nervousness was the mostly commonly reported individual-level stigma manifestation, followed by enacted stigma (e.g., poor treatment by pantry staff). Despite these stigmatizing experiences at food pantries, clients received predominantly positive responses from family and friends upon disclosing their emergency food assistance usage. **Conclusions:** Interventions such as staff training, anonymous feedback mechanisms for clients and staff, word of mouth recommendations and peer support

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pantry models, and large-scale marketing efforts may be promising strategies for decreasing individual-level and perceived stigma within emergency food assistance contexts.

Keywords: Stigma, Food Assistance, Emergency Food, Food Pantry, Disclosure

Background

Approximately 13.5% of U.S. households experience food insecurity (1). The health risks associated with food insecurity are well-documented: those facing food insecurity have an increased risk of chronic diseases such as cardiovascular disease, obesity, and diabetes (2-4). Food-insecure individuals also experience lower diet quality and reduced nutrient intake (2,5). and are more likely to suffer from psychological distress, including anxiety and depression (2,6-10). Further, Black, Hispanic, American Indian or Alaska Native, and multiracial households report approximately twice the food insecurity rates observed among White (9.3%) and other non-Hispanic households (11.0%) with rates of 22.4%, 20.8%, 23.0%, and 22.7%, respectively (11-12). These disparities underscore the systemic barriers that disproportionately impact marginalized communities in accessing consistent, nutritious food.

The emergency food system, which includes food banks, pantries, and community cupboards, serves as a critical resource for more than 50 million individuals in the U.S. (13). Often referred to as charitable food or free food assistance, this system comprises over 200 food banks and 60,000 food pantries and meal programs, with the majority operating within the Feeding America network (14-15). Unlike federal nutrition programs (e.g., the Supplemental Nutrition Assistance Program [SNAP] or the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]), which are government-funded, food banks and pantries are primarily nonprofit, community-based organizations that can receive food from a variety of

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sources. While the term "emergency food" implies short-term, crisis-driven need, research indicates that many Americans rely on these programs consistently and over extended periods. For example, nearly three-quarters (74%) of food pantry clients report using a pantry for a year or more, and over three-quarters (77%) access these resources at least once per month (15). Although emergency food assistance does not eliminate food insecurity, it remains an essential resource for many households.

Stigma is a well-recognized barrier to accessing emergency food assistance (16), yet relatively few studies have systematically documented the experiences of pantry clients using a stigma framework. For example, prior qualitative research has shown that clients often experience guilt, shame, and social stigma when seeking food assistance (16-17), highlighting the need for further examination of these dynamics. Building on this work, the present study extends the literature by applying the Stigma and Food Inequity Framework (18) to systematically examine the experiences of clients using emergency food assistance, an approach not commonly employed in food assistance research.

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According to the Stigma and Food Inequity Framework, stigma is a social process that manifests both structurally and individually (18). At the individual level, stigma occurs when perceivers (stigmatizers) internalize societal biases and project them onto targets, or those who are stigmatized. Individuals accessing emergency food may encounter multiple forms of stigma (18-19). *Anticipated stigma* refers to the expectation of prejudice or discrimination, causing anxiety and leading some to avoid program participation. *Enacted stigma* is direct exposure or experience of discriminatory treatment, while *internalized stigma* occurs when individuals adopt the negative societal beliefs within themselves (i.e., I am worthless), leading to shame.

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Stereotype threat describes the fear of confirming negative stereotypes, which can result in stress-induced behaviors that reinforce stigma (18, 20).

In addition to these individual-level stigma manifestations, people often hold perceptions of what society believes or feels about individuals with stigmatized statuses, a phenomenon known as perceived stigma (not to be confused with the term perceivers) (21). These beliefs are not held by the individual themselves but are instead perceived to be held by others or society in general. In the context of emergency food systems, clients may note that society perceives themselves or others who access this assistance negatively, but do not share this belief.

It is important to note that those that experience stigma often struggle to tell (disclose) others about their status (22). Indeed, the fact that one accesses emergency food is a concealable stigmatized identity, meaning individuals can choose whether to disclose their participation (22-23). Research demonstrates that individuals who have not disclosed their health conditions are less likely to access care or treatment (23). It may also be the case that lack of disclosure of food insecurity is a barrier to accessing food assistance. Better understanding of disclosure decisions has led to intervention opportunities in other public health areas (24-29), and may be an avenue for supportive intervention, as negative reactions can discourage continued use of assistance, while supportive responses may reinforce it (22).

Given the limited research on stigma and disclosure within emergency food systems, this qualitative study aims to: (1) Evaluate emergency food program clients' expectations and experiences of food insecurity-related stigma, (2) Investigate clients' disclosure experiences related to their participation in emergency food programs, and (3) Identify clients' recommendations based on their own lived experience. By understanding how stigma influences

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food assistance participation and disclosure, this research can inform interventions that improve access and reduce stigma-related barriers.

Methods

Participants and Procedure

Participants were 18 emergency food program clients recruited between August and December 2024 from pantry sites (i.e., churches, community organizations, social service centers, apartments, and universities) and food banks in Delaware and Pennsylvania. Purposive and snowball sampling methods were used to recruit participants. To be eligible for the study, participants had to be at least 18 years of age, have received emergency food assistance from a food bank, cupboard, or pantry in the last year, be a resident of Delaware or Pennsylvania, and be fluent in speaking English or Spanish.

This qualitative study involved 30- to 45-minute, semi-structured phone or Zoom interviews with emergency food program clients. In collaboration with the stigma subgroup of the Health Equity Collective, a multi-sector effort with more than 200 organizations and 800 members in Greater Houston operated by the UTHealth Houston Center for Health equity, the research team developed a semi-structured interview guide to evaluate participants' experiences with and expectations of stigma related to emergency food program usage as well as their disclosure experiences. The interview guide was reviewed by our partner organizations, the Houston Food Bank and Feeding Texas, who provided feedback on clarity and content. Additionally, interview staff conducted supervised practice interviews, and the study team observed the first two interviews of newly trained staff, providing feedback to ensure clarity, consistency, and usability. Representative interview questions are included in Table 1. The full

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interview guide, developed for this study, is included as a supplementary file. Participants received a $50 gift card to nearby grocery stores as compensation for their participation in the interview. Study procedures were approved by the University of Delaware Institutional Review Board.

Table 1. Representative Interview Questions

Representative Interview Questions
1. What is your typical experience like when you visit a food pantry?
2. Please tell us about the types of food you typically receive.
3. Do you have a choice in the items you get?
4. In general, how do you feel about visiting a food pantry? Probe: Have you ever felt embarrassed or uncomfortable when accessing food from a pantry? Have you ever felt judged or treated unfairly when using these services? If so, can you describe a specific situation?
5. How do you think your friends/family feel about you visiting the food pantry?
6. How do you think food pantries are viewed by society in general?
7. How does the process of getting food, such as the layout of the space, paperwork, or interactions with staff, influence your experience at the food pantry?
8. Have concerns about being treated differently ever made you hesitant to seek help from a food pantry?
9. How have your concerns about stigma, or how you're treated, changed over time? If so, what has influenced this change? Probe: What strategies, if any, have you used to manage feelings you have experienced when accessing food pantries?
10. What has or would a positive or respectful experience accessing food at a food pantry look like for you?
11. If you could change anything about your experience at the food pantry, what would it be?

Table Citation: This table should appear here (after the second paragraph in the Participants and Procedure subsection of the methods) in the manuscript.

Measures

Demographics

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Participants completed the following demographic questions: age, race, ethnicity, gender, income level, educational level, employment status, relationship status, housing status, household size, Supplemental Nutrition Assistance Program (SNAP) participation over the last year, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation over the last year.

Hunger Vital Sign

A two-item food insecurity screener - the Hunger Vital Sign (30) - was used to characterize household risk of food insecurity. The two items are as follows: (1) "Within the past 12 months we worried whether our food would run out before we got money to buy more", and (2) "Within the past 12 months the food we bought just didn't last and we didn't have money to get more". For both questions, response options include "often true", "sometimes true" and "never true." Participants were coded as food insecure if they responded "often true" or "sometimes true" for either or both questions. This tool is comparable to a longer, 18-item US Household Food Security Scale, demonstrating convergent validity as well as high sensitivity (97%) and specificity (83%) (30). This screener employs plural wording (e.g., "we"). All participants, including those living alone, were eligible to participate. For individuals living alone, interviewers clarified that "we" referred to their own household situation, including themselves.

Food Insecurity-Related Stigma Interview Questions

Participants responded to a series of open-ended interview questions (see Appendix A) that were developed by the research team to align with the key constructs of the Stigma and Food Inequity Framework (18). These questions evaluated the ways in which emergency food program clients experience stigma (e.g., anticipated, enacted, internalized, perceived) and their disclosure

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of food pantry usage to family, friends, or acquaintances. Hesitancy to disclose stigma experiences and potential re-traumatization were both potential concerns in this study. To address these concerns, the research team reassured participants about question discretion and used positive closing queries (a best practice) to conclude interviews (31).

Data Analysis

Interviews were recorded and transcribed using transcription software provided by Zoom and then reviewed by interviewers for accuracy. Qualitative data analysis was conducted using Dedoose software, and participant demographic characteristics were incorporated into the analyses for interpretive context. The analysis included a hybrid inductive and deductive thematic approach (32) whereby initially, the primary investigator (MMH) conducted deductive coding, guided by the semi-structured interview guide, to comprehend participants' experiences and perceptions of stigma as defined by the framework. Subsequently, the primary investigator inductive coding identified emergent themes. The lead author conducted the initial coding process by carefully analyzing the data to confirm depth and consistency in emerging patterns and themes. A second author (AK) independently reviewed all codes to ensure rigor. Consultations with the larger research team were conducted to resolve coding discrepancies. Because the coding process was collaborative, as opposed to independent, we focused on achieving a shared and reflexive understanding of the data through iterative discussion and code refinement, rather than on demonstrating coder agreement as a measure of reliability (33). This process supported consistency and depth in theme development. All codes are described in table format with exemplar quotes, and themes are discussed in the context of the larger literature on this topic. A descriptive analysis of participant characteristics using percentages, means, standard deviations, and ranges was also conducted.

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Results

All participants actively received food from a food pantry. Participants' socio-demographic characteristics are included in Table 2. Participants were predominantly female (78%), White (56%), single (78%), food insecure (88.9%), had a high school degree (50%), and had incomes under $30,000 per year (83%). Additionally, a significant proportion of participants were unable to work/on disability (33%) or retired (27.8%). Participants accessed a range of pantry types including church pantries (n = 8), community organizations and social service centers (n = 4), an apartment pantry (n = 1), and a university pantry (n = 1). Because some participants visited the same site, the 18 participants were drawn from a total of 14 unique pantries.

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Table 2. Sample Characteristics (*N* = 18)

	n	Mean (SD)
Age	18	57.2 (14.5)
Number of People in Household	18	2.5(1.6)
		%
Gender (Female)	18	77.8
Race		
White	10	55.6
Black or African American	6	33.3
Hispanic	2	11.1
Educational Level		
Less than a High School Degree	2	11.1
High School Degree	9	50.0
Some College	4	22.2
Bachelor's Degree	1	5.6
Master's Degree	2	11.1
Income Level		
Under $30,000	15	83.3
$30,000 - $60,000	2	11.1
$60,001 - $90,000	1	5.6
Relationship Status		

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Single	14	77.8
Live at Home with Partner or Spouse	4	22.2
Children in Household (Yes)	6	33.3
Employment Status		
Unable to Work/On Disability	6	33.3
Retired	5	27.8
Employed Full Time	3	16.7
Employed Part Time	2	11.1
Unemployed	2	11.1
Housing Status		
Rent	15	83.3
Own	3	16.7
Food Insecure	16	88.9
Enrolled in SNAP in the Last Year	12	66.7
Enrolled in WIC in the Last Year	1	5.6

Table Citation: This table should appear here (after the first paragraph in the Results section) in the manuscript.

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Qualitative analysis examining emergency food program clients' expectations and experiences of food insecurity-related stigma and their disclosure of emergency food program use revealed three thematic areas including: (1) individual-level stigma (i.e., anticipated, enacted, internalized stigma), (2) perceived stigma, and (3) disclosure/reactions from family and friends. Exemplar quotes are included in Table 3. Of note, other experiences of emergency food program clients unrelated to stigma were not the focus of this study and are not described.

Table 3. Qualitative Themes and Exemplar Quotes

Theme #1: Individual-Level Stigma	
Anticipated Stigma	*Sometimes when I'm there it's like I don't like my neighbors or people to see me there. [...] I will put on a face mask like the regular mask that we wear because of COVID, or [...] I will pull my hair back and put my hoodie on. [...] If a representative from every family in the town went to the pantry, I still will probably be a little embarrassed. [...] And I don't know why I'm embarrassed because I love to get free stuff, but maybe because of the type of town that I live in, [...] it's so small.* – Respondent 4 (46, Black, Female, PA)

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	I was embarrassed my first time [going to the pantry]. I even worked at the time and still needed help. I was a little embarrassed. – Respondent 2 (64, Black, Female, PA)
Enacted Stigma	*I think sometimes the [staff] act like you're getting on their nerves. Sometimes they act like [...] they cooked the food, and they are doing you a favor. And it's like, "You can only take three! You can only take three!" "Okay, ma'am. [...] Everything that's on this table is expired. So, stop! You're not Santa Claus." [...] Like, you better be grateful. Yeah, we're about to be grateful for this old Jello that you're giving us? This tomato sauce that you're giving us, that's from 2023. Honey, we're about to be in 2025. [...] But you shouldn't be up on a high horse when [...] you're trying to give somebody some trash, and you're getting away with it because they need help.* – Respondent 4 (46, Black, Female, PA)
	Other drive throughs, some people had [not] been very kind, so I just stopped going to them. [...] It's just a vibe that [the staff] gives you. Some places make you feel like, "All right, just go, keep moving, keep moving. [...] That kind of makes me feel a little stressed out. And I'm like, "Oh, my gosh." I understand to a point, because there's so many people in line, but at the same time, that's why I limit myself to two locations now. [...] I have felt like [I was judged by staff] at other locations [...], just a [negative] vibe. – Respondent 15 (54, Hispanic, Female, DE)
Internalized Stigma	*It makes me feel horrible about myself when I go into the building. [...] I feel so horrible. I hate it, because nobody understands my disability. Nobody knows why I'm poor [...]* - Respondent 8 (63, White, Female, PA)
	Sometimes [the impact that visiting pantries has had on my mental health is] a little bit negative. Because, like again, dealing with the [pantry name] and the person going "Oh, all this for you!?" I just felt awful, horrible. - Respondent 18 (46, White, Female, DE)
Theme #2: Perceived Stigma	
Perceived Stigma at the Societal Level	*[Society] might look down on the people that go [to pantries] a little bit because they're needy. They need help, and I guess people don't like that. You're looking at, I don't know if it's the right word now, but a lower class of people. Everyone's kind of in the same boat right now, just how expensive everything is, housing, food.* – Respondent 6 (57, White, Male, PA)
	In my opinion, [society] probably thinks some people use it just because they can. I don't think they really understand a lot of people's situations if they don't have to use it themselves. – Respondent 13 (39, White, Female, PA)
Theme #3: Disclosure/Reactions from Family and Friends	

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Lack of - or Nondisclosure of Pantry Use	*The synagogue, though, I've never told them that I go to a food bank. [...] But the irony is that now my synagogue is asking, "Would you like to help with the [Food Bank]?" I'm like stuff from the [Food Bank]? Do you really think I'm going to do that? So I don't tell them anything. But other than that, my family's quite aware. [...]* - Respondent 8 (63, White, Female, PA)
	The only family that I have contact with is my mom and not very often. I don't know if she knows that I go to pantries. - Respondent 9 (53, White, Male, DE)
Positive Reactions from Family and Friends Following Disclosure of Pantry Use	*Oh no, [my friends and family are] great. Like I said, when I get stuff, if I get extra sometimes I'll give it to my kids. […] But no, they're very supportive and helpful. I have a friend that goes to the pantries and sometimes we switch off stuff that she don't want, and I give her stuff that I don't eat. [...] So everyone's been very supportive. They understand life happens, so [...] everybody needs a helping hand here and there.* - Respondent 15 (54, Hispanic, Female, DE)
	Yeah, [my friends and family are] supportive [of me going to the pantry]. My grandmother actually goes to a pantry in [city name]. You can't have pride when you have to take care of yourself. - Respondent 13 (39, White, Female, PA)

Table Citation: This table should appear here (after the second paragraph in the Results section) in the manuscript.

Theme #1: Individual-Level Stigma

Anticipated Stigma

Two forms of anticipated stigma were reported in this study: 1) clients' own experiences of anticipated stigma and 2) clients' perceptions of anticipated stigma experienced by others. Both categories will be discussed here.

Clients' Experiences of Anticipated Stigma. Nine participants reported experiencing anticipated stigma in the form of embarrassment, nervousness, or humiliation while accessing emergency food assistance. Although clients were initially hesitant to access assistance from food pantries, most clients reported that the anticipated stigma subsided over time. Respondent 5 (65, Black, Male, PA) said,

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"I think the very first time I went, I felt a little embarrassed […], but, I'm okay with it now. It doesn't hurt me, it doesn't make me feel any different. If you need stuff, you need stuff."

In one instance, a participant provided advice to others to avoid anticipated stigma. Specifically, she recommended that participants go early to avoid the crowds, park up the street, and take measures to hide their appearance.

"We are always embarrassed about something in our lives. [...] Don't send your kids to [go to the pantry] because you don't want them to be embarrassed, and their friends talking about them and teasing them. Especially when you live in an area where everybody is pretty wealthy with big, beautiful houses [...] like the town that I live in. [...] Just put your pride aside and go get your stuff. If you don't like the crowds and all that, get up [and] get in early like I do and get out. If you don't want nobody to see you, […] just park up the street a little bit. Pull your hair back, put on a baseball cap, put on a mask […]. Don't talk to people. […] Keep your head down, just go get what you want to get and go on about your business." - Respondent 4 (46, Black, Female, PA)

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Several participants also noted that the rising cost of living expenses such as food and housing have caused an increase in the number, and types, of people who rely on assistance. Perceptions of increasing need amongst others in society helped to mitigate participants' experiences of anticipated stigma. Respondent 11 (39, Hispanic, Female, DE) stated,

"I used to [get embarrassed when visiting the pantry], but as I got older, I'm like, you know, what the heck? [...] I have children, so I don't care. [...] I feel like everyone goes to a food pantry […] these days. [...] Everything is just increasingly expensive, so everything is different. [...]It used to feel awkward because you wouldn't see that [many]

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people. Now things have changed. […] You see, all types of freaking people. People from all walks of life are [there] with the rent and the food and everything."

This sentiment was also echoed by Respondent 6 (57, White, Male, PA) who said,

"I don't like appearing needy. When you first start, I guess it's a little embarrassing, then when you take it back, you're like everybody's here for the same thing. They're all the same, so everything's cool. You don't need to worry about it."

A couple of participants shared that their experiences of anticipated stigma were dependent on pantry location. For instance, one respondent stated that although they did not experience anticipated stigma at the pantry in their building, they did experience it in the pantry located in a church in their community.

"I don't feel as humiliated going in [to the pantry in my building]. In fact, I don't really feel humiliated at all. But when I go to the big food bank at the church, I definitely feel humiliated because I'm around people from the neighborhood, from the community, that aren't people that I would have a conversation with or have anything to do with under any other circumstance." - Respondent 8 (63, White, Female, PA)

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In another instance, a participants' experience of anticipated stigma was exacerbated by the pantry model. In particular, they said their physical disability makes it difficult for them to pick out food without assistance, so they no longer attend pantries in which clients shop for themselves.

"I've gone to [pantries] where they do have you [shop on] your own, and I don't go back, because it's already embarrassing to go, and then without help, it just makes it worse because I'm struggling in front of everybody [due to my physical disability]." –

Respondent 18 (46, White, Female, DE)

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Although many participants reported experiencing anticipated stigma, others reported that they had not experienced this form of stigma and did not care about others' perceptions of themselves. For example, Respondent 1 (58, White, Female, PA) said, *"I don't care if [people judge me]. I'm like talk about me because I know what I have to do to survive."*

Clients' Perceptions of Anticipated Stigma Experienced by Others. Seven participants mentioned instances in which their friends, family members, and acquaintances were hesitant to seek food assistance due to anticipated stigma. For instance, Respondent 2 (64, Black, Female, PA) said, *"Yeah, [my friends are hesitant to seek assistance] because they're bougie, and they think, "Oh, my God! I'll never be caught in line like that."*

Additionally, Respondent 15 (64, Black, Female, PA) stated,

> *"So, some people [...] feel ashamed. They feel embarrassed to go to the [pantry], even if they are in need. Sometimes people get like, "How did I end up here?" [...] And life happens, [...]I'm very chatty, so I've met a lot of people talking, 'It's my first time, I just got divorced and I have my kids.' and they feel ashamed a little bit. I don't know if that's the right word, but [they] feel embarrassed to go to them."*

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In one instance, a respondent noted that her friend was embarrassed to disclose that she received food from the pantry, so she told others she was a volunteer.

> *"I've had another friend that said that she's going [to the pantry], but you can tell she's embarrassed, so she kind of lied and said that she volunteered there, or something like that. That girl is not volunteering."* – Respondent 4 (46, Black, Female, PA)

Another participant highlighted that food insecurity-related stigma intersected with gender-related stigma, preventing her daughter's husband from seeking assistance. In particular,

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he perceived that seeking assistance would challenge others' expectations of him as a man who should be able to support his family.

> *"When I used to go to the other pantry with my daughter, her husband hated it. […] He did not like the fact that it made him feel like less of a man. Like a person who couldn't support his family. […] But that's because he was the kind of person that thought, "why do we have to go get free food?" He didn't want to be a beggar. […] We used to get WIC for the kids when they were babies. My daughter and I used to go to get milk and whatever we could get, and he refused to go. He said, "I'm not going to use that." He was embarrassed."* – Respondent 3 (75, White, Female, PA)

One participant stated that anticipated stigma might be reduced if clients visiting pantries for the first time were able to attend with a current client, who could help to ease their concerns. Respondent 12 (62, Black, Female, DE) stated,

> *"Some people are scared. Some don't want to ask anybody for help. I try to just give them positive information, to try not to feel like that. […] Usually they'll change their mind [if I talk to them about the pantry]. And sometimes, they will go with me when I go so they could see for themselves. Then I'm there too [and I can] give them some positivity about the whole situation. […] [I think anxiety would be reduced if a new client visited the pantry with a current client]."*

Enacted Stigma

Six participants reported experiencing enacted stigma while accessing emergency food assistance. These participants felt that pantry staff were unkind and engaged in patronizing behaviors that were both verbal and nonverbal. These stigmatizing interactions often occurred when staff rushed participants when they were making their food choices at the pantry, and when

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participants stopped to check the food quality to ensure it was not expired or spoiled. One participant noted that the pantry staff's tone made her feel as though they were speaking to animals or children. Respondent 8 (63, White, Female, PA) said,

> *"Okay, in all honesty, I think the [staff] act a little patronizing. [...] If I want to look at the f**** bag of grapes before I take them home, only to throw them out, give me a second to look at it. Because you guys are the ones who are giving us the bad stuff to begin with. [...] I've gotten these attitudes from them like "they're all the same," and I'm like, "Well, if it's all the same to you, I'd like to check it before I take it home." I was like do I really need to say that to them? Is that really necessary? [...] The way they say it, it's almost like, what are we, puppies? Are these dogs? Are we kittens? Are we children? I don't like that patronization element of it. [...] I wish that they would respect us more. I don't need to be babied through picking freaking food off of a table. I know what I'm doing [...]. I just try to endure it and then I get through it, and I'm home, and that's it."*

In some cases, judgement from emergency food program staff prevented clients from returning to food pantries. For example, Respondent 14 (65, White, Female, DE) said,

> *"That's why I don't go to [pantry name] anymore, because they seem more like they were gonna yell at me because I kept forgetting this and that. And I'm like, I think I've had enough of this. [...] I don't know what it is about [pantry name]. A lot of [the staff] were nice, and then some of them were like, "So, why do you keep acting like this?" I'm just a person, [I'm] not trying to do anything wrong. [...] Yeah [the staff were judgemental]. [...] I'm like, look, I just want to come in and not get judged or yelled at again. [...] I felt like they all were judging me [...]. I'm just here like everybody else is. I don't know what it is you think, or you're assuming about me."*

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Internalized Stigma

Four participants reported experiencing internalized stigma while accessing emergency food assistance, which made them feel poor or bad about themselves. For instance, Respondent 8 (63, White, Female, PA) said,

> *"It makes me feel horrible about myself when I go into the building. [...] I feel so horrible. I hate it, because nobody understands my disability. Nobody knows why I'm poor. I have a whole back story that would blow your mind if you understood why I'm in the situation I'm in, but nobody understands that. And I feel like honestly, believe it or not, I may be low income, but I'm well-educated. I tried to have a career, but I have Autism, and I tried as best as I could throughout my life to do what I could do, and I never really made it. […] It's very hard for me because nobody understands that if my life had been different, if I had been diagnosed earlier in life, if I had gotten help, maybe my life would have been different, and I would have been successful. I wouldn't need to go to a freaking food bank. […] I feel humiliated. [...] I do feel a sense of shame. Even though in my heart I know that I did everything I could to help to raise my children the best I could all my life, and I did work as much as I possibly was capable of working when I did work."*

In another instance, Respondent 4 (46, Black, Female, PA) said, *"It's like that stigmatism of shame. A little bit like you're poor, even though I know I went to Aldi that morning and I went to GIANT. It still makes you feel poor."*

Stereotype Threat

No instances of stereotype threat were identified in this study.

Theme #2: Perceived Stigma

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Six participants described their perceptions of stigma around emergency food program use in society. For example, Respondent 16 (22, Black, Female, DE) noted, *"I feel like there is a negative stigma behind the concept of a food pantry [in society]."*

According to one participant, perceptions of food pantries vary from person to person and are often influenced by their political perspective. Respondent 8 (63, White, Female, PA) said,

> *"[Societal perceptions of food pantries] depends on who you're talking to and the outlook or the political perspective. If you talk to people who want to have more understanding of people who are on the lower edges of society, for whatever reason that they are, they're going to understand the necessity for a food bank. […] If you talk to people who look at the lower levels of society in a way that it's their fault somehow that they're poor, or that they need that kind of service, that they're lazy, or they're criminals, or they're moochers, or whatever, then you're going to get a different mindset. So, I think it depends on what way you look at people who are poor, why are they poor, and why would they need that service. […] So, […] it really depends on your political viewpoint or how you view people sociologically. […]"*

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Several participants also highlighted societal misperceptions of individuals with low incomes, such as that they misuse food assistance resources or that they have a choice in their financial situation. Respondent 14 (65, White, Female, DE) stated,

> *"Sometimes I think people cannot understand that some of us have very limited funds and it's not necessarily anything that is under our control. So maybe they view us in a narrow sort of sense. But I don't agree with it, and until they walk a mile in my shoes, I don't care what they think honestly because I'm not ashamed of myself."*

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In one case, a participant noted that at one point she internalized the negative societal perceptions of food pantries, which prevented her from accessing assistance, despite need. She was eventually able to overcome this barrier and with guidance from her sister, who also attended pantries.

> *"I think that [people in society] have an idea of what they think [pantries are] [...] [and] in general [these ideas] tend to keep more people who could use the help away. Like I did [not access food pantries, but] my sister was telling me to go for like an entire year. She's like, "You need to go." And I finally was like, "Okay, fine." I could have gotten the help a little bit before I was in such dire trouble, [and] it would have helped me more. So I think in general, that's what people feel and think. There's just a negative connotation around people needing things and not having money. A lot of society looks at people's worth based on money."* - Respondent 18 (46, White, Female, DE)

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Theme #3: Disclosure/Reactions from Family and Friends

Disclosure and Positive Reactions

Most participants reported that they had disclosed their pantry attendance to their family and friends and that they had received positive reactions in response. In fact, many participants reported that other people in their lives also accessed pantry services and in some cases, it strengthened their relationships. For example, Respondent 2 (64, Black, Female, PA) expressed,

> *"No, [attending the food pantry has not impacted my relationships] at all. If anything, [the pantry] is bringing people together."*
>
> Respondent 11 (39, Hispanic, Female, DE) also said,

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"[My friends and family] sure do [know I go to the food pantry], because sometimes [...] I've taken my mother and my grandma. Or sometimes they'll say, "Hey, get that good cheese over there, if you have extra." So honestly, we swap stuff. "Hey? Well, if you got this I'll give you this." So it's cool. We make it useful."

Lack of - or Nondisclosure of Pantry Use

A few participants reported that they had not disclosed their pantry attendance to other people in their lives including their children, synagogue, and other family members. For example, one respondent stated that although she feels comfortable discussing her pantry attendance with her friends, she does not disclose that information to her children.

> *"I'm the type of person that I don't care, so you don't really have to lie. But the kids, I don't tell the kids. They may assume that I went to the pantry or got it from somewhere for free, but I don't just go and say it. I'm not like, "Hey, I went to the pantry to get some free stuff." Because it's easier for them to use it if they don't know where it came from. So [as] embarrassed [as] I am, I would never send one of them in my place. I would just go. [...] [And] the friend that I was talking about, me and my friend talk about [going to the pantry]."* - Respondent 4 (46, Black, Female, PA)

In addition to purposeful nondisclosure of pantry attendance, a couple of participants reported that they had not disclosed their pantry use to others either out of unintentional omission (e.g., they are not sure if other people know they visit the pantry) or because they do not have family or friends to which they would disclose that information. For example, one respondent stated that others don't know they visit the pantry because they don't have family left, but it would not bother them if others knew that information. Respondent 17 (79, White, Male, PA) stated,

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"I'm a loner, [so other people don't know I visit the pantry]. I don't have any family left. I'm on my own. [...] Where I live, [people are] grateful [for pantries]. They're absolutely grateful. And it wouldn't bother me if somebody knew that I was going to a food pantry."

Discussion

This qualitative study sought to fill an important gap in the literature by investigating emergency food program clients' expectations and experiences of food insecurity-related stigma, as well as clients' disclosure experiences related to their participation in emergency food programs.

Anticipated stigma in the form of embarrassment and nervousness was the most commonly reported individual-level stigma manifestation in this study, consistent with findings from a recent scoping review on food-insecurity related stigma in the U.S. (16). Although anticipated stigma subsided over time for most participants, a few reported persistent concerns about being recognized by others while at the pantry, leading them to take measures to conceal their appearance (e.g., wearing face masks, hats, and sunglasses, parking up the street). Several participants also noted that anticipated stigma deterred their family members and friends from accessing food pantries, despite need. Optional peer-support models in which first-time pantry attendees are paired with returning clients, word of mouth recommendations from family members and friends who can advocate for pantry services, and the incorporation of documentation on pantry websites and outreach materials that clarify pantry processes (e.g., information on parking, the pantry entrance, and pantry expectations once inside) may reduce anticipated stigma.

Participants also experienced enacted stigma while accessing emergency food assistance. In particular, participants noted that pantry staff and volunteers engaged in judgmental and

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patronizing behaviors such as yelling at clients, rushing them while making food choices, and speaking to them in a demeaning tone. These behaviors align with those identified in previous research on enacted stigma within both emergency food assistance program (34-36) and federal food assistance program contexts (37-39). Experiences of enacted stigma dissuaded some participants from returning to certain pantries. Training programs that challenge staffs' negative biases, educate them about stigma and related organizational policies and expectations, and promote the use of respectful, inclusive language would help to mitigate enacted stigma. Additionally, pantry shift managers should clearly communicate pantry values, roles, and expectations with first-time volunteers to ensure they feel equipped to engage in destigmatizing interactions with clients. Further, pantries should prioritize ongoing evaluation and reinforcement of anti-stigma measures, such as creating mechanisms that enable emergency food program clients and staff to provide anonymous feedback on their experiences.

A few participants experienced internalized stigma while accessing emergency food assistance, leading to shame. However, no instances of stereotype threat were identified in this study, consistent with previous research on food insecurity-related stigma in the U.S. (16). Although researchers in other fields have identified this phenomenon, which describes the fear of confirming negative stereotypes that can result in stress-induced behaviors that reinforce stigma (20, 40), further research is needed to understand how and when stereotype threat may occur within food assistance contexts.

Several instances of intersectional stigma emerged. An intersectional perspective highlights how systems of power and oppression (e.g., racism, classism, patriarchy, ableism) intersect to shape individuals' experiences with food assistance programs (41). Food insecurity disproportionately impacts marginalized communities, and individuals with multiple stigmatized

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identities, such as Black women experiencing poverty or individuals with disabilities, may be particularly vulnerable to stigma in accessing emergency food assistance (42). Consistent with this framework, some participants in the present study described how aspects of their identity shaped their experiences of stigma (e.g., *"I hate it, because nobody understands my disability"; "He did not like the fact that it made him feel like less of a man. Like a person who couldn't support his family."*). These examples underscore that policies and practices which fail to address the intersecting elements of families' identities, and the multiple stigmas they face, risk being ineffective in reducing the prevalence of poverty and food insecurity.

In addition to individual-level stigma manifestations, participants highlighted their awareness of the perceived stigma around emergency food assistance in society, mentioning widely held, negative stereotypes of food pantry clients (e.g., lazy, criminals or moochers). Large-scale marketing and outreach campaigns conducted in collaboration with community partner agencies (e.g., grassroots organizations, healthcare systems) have proven successful in challenging misperceptions of stigmatized groups in other contexts (43), and should thus be implemented within emergency food assistance settings.

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Lastly, although a few participants reported hesitation to disclose their food pantry participation to others, most participants reported that they had disclosed this information to their family and friends and received largely supportive reactions in response. In the present study, participants' need for survival often overrode their concerns about pride, leading them to engage in conversations about available food resources with others in their lives. Thus, this finding further supports the importance of word-of-mouth recommendations from family members and friends to reduce anticipated stigma and enhance emergency food assistance participation.

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The sample size in this study was relatively small and geographically restricted (i.e., Pennsylvania and Delaware), limiting the generalizability of study findings. Additionally, the sample consisted of predominantly English-speaking women, and all participants in this study were active emergency food program clients. As such, we did not capture the experiences of individuals who did not utilize emergency food assistance due to stigma. Further, the use of snowball sampling may have contributed to the underrepresentation of individuals who chose not to disclose their use of emergency food programs. It is also unclear whether our sample, which has a mean age of 57.2, reflects the larger population of emergency food program clients as this data is not publicly available. Thus, future research with larger, more representative samples that capture the experiences of more diverse populations as well as emergency food program non-participants is warranted. Additionally, although 16 of 18 participants screened positive for food insecurity, two did not meet the Hunger Vital Sign threshold. Because the Hunger Vital Sign is a brief screening tool and households accessing emergency food programs likely still experience food-related challenges, all participants were retained. Given that this study focuses on food insecurity–related stigma, the experiences of these participants remain relevant; however, their inclusion may not fully represent the experiences of food-insecure individuals.

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Conclusions

This qualitative study identified experiences of food insecurity-related stigma experienced by emergency food program clients in Pennsylvania and Delaware, in alignment with the Stigma and Food Inequity Framework. Clients reported experiences of anticipated, enacted, internalized, and perceived stigma associated with emergency food program usage, which negatively impacted their experiences and, in some cases, prevented them from attending or returning to pantries. Surprisingly, most participants reported disclosing their emergency food

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program usage to their family and friends and received predominantly positive reactions in response. As the need for emergency food assistance continues to rise in the U.S., it is becoming increasingly important to identify strategies to mitigate stigma within these contexts. These findings suggest that staff training, anonymous feedback mechanisms for clients and staff, word of mouth recommendations and peer support pantry models, and large-scale marketing efforts may be promising strategies for decreasing stigma within emergency food assistance contexts. Future research should explore the effectiveness of these intervention strategies in reducing food-insecurity related stigma.

List of Abbreviations

SNAP = Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children

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Declarations

Ethics Approval and Consent to Participate: This study was reviewed and determined exempt by the University of Delaware Institutional Review Board. Verbal informed consent was obtained from all participants prior to their participation in the study, in accordance with the Declaration of Helsinki.

Consent for Publication: Not applicable.

Availability of Data and Materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing Interests: The authors declare that they have no competing interests.

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