Title
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Publication Date
2011-07-15
REINSTATE PROJECT GROW!
TARGETING FOOD INSECURITY AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

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With over half of women who had ever experienced intimate partner violence (IPV) also facing food insecurity according to data from 2009, these two public health problems represent a conjoined crisis requiring innovative, multifaceted solutions across multiple resources at state, county, community, and individual levels. One such intervention in California was Project GROW (Gardening for Respect, Opportunity and Wellness), which was funded from 1999 to 2001. A collaboration between the California Department of Health Services, the Center for Food and Justice at Occidental College, and selected state-funded domestic violence shelters, Project GROW targeted food insecurity amongst survivors of domestic violence, community food insecurity, and food insecurity at shelters. Programs included gardening, nutrition education, and partnerships with community food organizations. Its relevance as a strategy for addressing food insecurity among domestic violence survivors still stands.

In California, women are twice as likely (20.5%) to experience IPV compared to men (9.1%). Data show that incidents of IPV within the last 12 months were more likely to occur amongst African American women, Latina, and American Indian/Alaska Native women. Single women with children were more likely to experience IPV compared to their married counterparts and to women who did not live in households with children.

Approximately 3 million people in California at or below 200% of the Federal Poverty Level (FPL) were food insecure in 2009. Data from the California Women’s Health Survey indicate that in 2007 women who were food insecure were more likely to be unmarried, live in households with children, have less than a high school education, and participate in the Supplemental Nutrition Assistance Program (SNAP). Stratifying food insecurity amongst women at or below 200% FPL by race/ethnicity reveals that 44.7% of Latina women were food insecure compared with 40.6% of African-American women, 35.85% of White women, 33.5% of Asian women 40.4% of Alaska Native/American Indian women, and 46% of women identified as “other/2 or more races.”

Food insecurity with or without hunger can result in an altering of diet, particularly the trading of nutritious foods for high-calorie/low-nutrient (but less expensive) foods. In California, food insecure women with or without hunger were more likely to report that fruits and vegetables were too expensive (41.6% and 18.0% respectively) compared to food secure women (3.1%) (Exhibit 2). Poor quality diets can lead to negative health outcomes including obesity.

IPV AND FOOD SECURITY

The connections between IPV and food insecurity have been documented in previous studies. In a study designed to identify factors associated with hunger, it was found that women who experienced sexual abuse during their childhood were more than four times as likely to suffer food insecurity as adults than women who were not sexually abused in their childhood and were also more likely to experience domestic violence as an adult. The study also found that adult hunger within families was “related to a mother’s managerial, social and financial resources,” implying that the consequences of domestic violence (as an adult/and or child) could present as
Latina women with children who had ever experienced IPV were also food insecure. Collectively, in the counties with food insecurity prevalence above 32%, 79.7% of single women with children who had experienced IPV in the last year were food insecure.

Although the data do not allow claims that IPV causes food insecurity or vice versa, it is clear that both are not only persistent but also affect the same populations in California. These populations include but are not limited to women in low income households, women with young children in the household, women of color, and/or women with lower levels of formal education. Therefore, interventions need to address IPV and food insecurity as simultaneous destabilizing factors in the lives of individuals and their respective communities.

CRITIQUE

In California, the fiscal status of domestic violence shelters is often directly dependent on the status of the state budget. Underfunding of shelters coincides with cuts during state budget crises. Such dependency also makes clear the larger trend of fiscal instability among community-based, safety-net providers of IPV services during economic recessions. While such services are plagued by underfunding, services combating food insecurity—in particular, SNAP—are often underutilized. In California, only 46% of income-eligible adults participate in the food stamp program, CalFresh, compared with 60% at the national level. Participation of adults with low food security is even lower: fewer than one-quarter is enrolled. The USDA estimates that every $5 in new food stamp benefits generates $9.20 in total community spending. California Food Policy Advocates, a public policy and advocacy organization, estimates a loss of nearly $5 billion dollars in federal nutrition benefits and an additional $8.7 billion in untapped statewide economic activity as a result of underutilization. Reinstatement of Project GROW could stimulate economic activity by bridging individual and community food security with local food outlets and participation in public assistance programs.

The correlations between IPV and food insecurity and the consequent underfunding and underutilization of resources by the affected populations reveal the need for programs that address the multiple needs of these populations in a comprehensive, integrated, and accessible manner.

PROJECT GROW

Funded through state resources appropriated by the Department of Health Services, Project GROW was a 2-year pilot program that provided funding to domestic violence shelters to address community food insecurity amongst their clientele through the establishment of gardens. At the end of
the two years, the final evaluation found that all nine participating shelters had installed, expanded, or renovated gardens. Changes in health behavior amongst clientele as well as staff included the incorporation of fresh produce from the gardens and/or from other community sources into menus; increased use of farmer’s markets; reduction in consumption of sugary and fatty snacks purchased by agency staff/clientele or donated by outside organizations and restaurants; and implementation of new cooking techniques, eating habits, and food purchasing habits. For all its success, the pilot program also identified some challenges. These included underestimation of time and labor needed for installation, limited funding cycle, and availability of bilingual instructors and consultants who were sensitive to issues of IPV and food insecurity. The development of community partnerships helped the most successful programs to master these challenges. Asset mapping within agencies and in the surrounding community often led to the cultivation of new resources, including community volunteers to help with the installation/design of gardens, funding to expand or continue, and organizations/individuals such as farmer’s markets, master gardeners, horticultural therapists, and community agricultural projects.

RECOMMENDATION
Implementing Project GROW as a statewide initiative would bolster the services of domestic violence shelters through gardening, health education and promotion and through community partnerships to combat food insecurity among IPV survivors. The program could help to improve the food environments of women in shelters while helping to facilitate local economies by promoting the use of community food outlets and increasing participation in CalFresh or SNAP. Shelters throughout California often help to secure food for their clientele—most of whom are low income—through SNAP, WIC, Head Start, and/or direct food assistance. A particular strength of Project GROW was the advancement of individual and community food security through the fostering of community partnerships. These collaborations allowed centers as well as clients to tap into sources of local fresh produce. Increased use of local food outlets coupled with support from a community center (such as a domestic violence shelter) could impact participation in public programs, by increasing the utilization of resources that promote community food security amongst survivors of IPV.

Dayo T. Spencer-Walters recently earned an M.P.H. in the Department of Community Health Science in the UCLA School of Public Health and was a graduate student researcher at the Center for the Study of Women at UCLA. Photo credit: cjp/iStockphoto.com

NOTES
6. Estimates for Alaska Native/American Indian and “other single/2 or more races” women were not reported because of confidence interval overlap.
10. Not including agency staff, an estimated 1500 women and children across nine agencies throughout the state participated from 1999 to 2000. The agencies varied in structure and mission, with some exclusively operating as domestic violence agencies while others incorporated additional services as part of a larger mission. Agencies applied for a starter grant of $18,000 from the state Department of Health Services. Following the program’s end in December of 2000, a final evaluation was conducted across all participating shelters by the Center for Food and Justice at Occidental College.

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