

# Stigma-Related Barriers to Accessing Emergency Food Assistance

Nick Demerly, Kristina Brant, and Justine Lindemann



## What is the issue?

Across over 120 interviews with food bank staff, food pantry volunteers, and food recipients in Pennsylvania, respondents highlighted the powerful role that stigma plays in deterring people from seeking emergency food assistance. Understanding how stigma appears and how it can be mitigated is essential to ensure food assistance reaches the greatest number of people who need it.

In this brief, we outline how internalized, anticipated, and enacted stigma can create barriers to accessing food assistance, review practices and innovations that food banks and pantries have employed to mitigate these barriers, and highlight policy and program recommendations to expand and build upon these successful stigma-reducing practices.

## Stigma-related barriers

“Stigma” results from four processes: (1) the labeling of a characteristic or attribute; (2) assigning stereotypes to that characteristic; (3) separating those with the characteristic from those without; and (4) discriminating against those with the characteristic. The process of assigning stigma to a characteristic happens through social interactions. Which characteristics are stigmatized in any given society vary. In the United States, seeking assistance, like emergency food, continues to be stigmatized. This stigmatization can deter people from seeking assistance and contribute to diminished self-worth or mental health when people do turn to assistance.

We found that three forms of stigma impact people seeking emergency food assistance. Such stigma could deter people from seeking assistance entirely, limit people from seeking as much assistance as they need, or make the experience of seeking much-needed assistance negative.

- **Internalized stigma:** Food bank and pantry staff believe there is still a great deal of internal embarrassment or shame around seeking help. This internalized stigma is especially strong in rural communities—where there may be less anonymity at pantries and strong cultural norms around self-sufficiency—and among certain demographic groups like veterans. Staff believe that they do not reach as many recipients as they should due to internalized stigma.
- **Anticipated stigma:** Several food recipients told us that they expected to feel stigmatized or othered when they visited pantries. This fear served as a strong deterrent from visiting pantries for the first time. Some recipients waited to seek assistance until their need for food was dire due to a desire to avoid potential stigmatizing interactions.
- **Enacted stigma:** Some food recipients told us about interactions they had experienced with pantry staff or volunteers that made them feel ashamed or embarrassed. These interactions impacted their sense of self and caused them to limit their visits to pantries or avoid them entirely.



## Stigma-reduction practices

**Choice pantry model:** There are two main models of food distribution. In a “choice” pantry, food recipients can “shop”—walking through the pantry and choosing which items they want. Some recipients find a sense of dignity in being able to choose what they would like, akin to visiting a grocery store.

**Mobile pantry model:** The other popular model is the “mobile” or “drive-through” pantry. In this model, food recipients drive to a pantry location, typically a parking lot, and volunteers place bags and boxes of food directly into recipients’ cars. Some recipients find that this model can mitigate feelings of shame or embarrassment, as face-to-face interactions with other recipients, volunteers, or staff are diminished.

**Language choice:** Food banks and pantries are purposefully changing the language they use to describe emergency food assistance.

For example, many organizations call the people they serve “neighbors in need,” reaffirming that organizations, their volunteers, and their recipients are all members of one community.

**Education and connection:** Some food banks and pantries conduct local campaigns to spread the word about their assistance and normalize its use. Others conduct outreach to a broad range of organizations—like churches—to build trust and comfortability.

**Recipient integration:** Pantry staff often work to make food recipients feel like family at their pantries. They purposefully learn recipients’ names and ask about their families and lives to show care. Some recipients reported feeling especially integrated into the pantries they visit because they also volunteer there or hold other key roles. These recipients find joy and purpose in giving back.

*“There's truly a need there, but it's also a pride issue. That's one of the things that we do run into, where families are very proud. They won't want to be seen out at a distribution or something like that... You have the embarrassment part, you have the very proud part, and things like that that really take a toll on these people.”*  
(Coordinator at a food pantry)

## Policy and program recommendations

1. Food banks should provide trainings on bias and stigma for pantry partners to offer their volunteers. Such trainings could help volunteers recognize language and behaviors which could, even inadvertently, cause harm to recipients.
2. Food banks and pantries should elicit and incorporate the perspectives and insight of food recipients into their distribution work. This could be done by including recipients on food bank or pantry boards, hosting town hall-style meetings, or conducting surveys and/or interviews.
3. Food banks and pantries, along with federal, state, and local social service offices, should continue to make education part of their mission. Advertising emergency food assistance widely using non-stigmatizing messaging could make pantries more approachable.
4. Pantries should consider the implications of the distribution model they choose on stigma. Ideally, all residents would have access to both a choice model and a trunk model pantry and would be able to choose which they would prefer to use.

## References

1. Link, B. G., & Phelan, J. C. (2001). “Conceptualizing Stigma.” *Annual Review of Sociology*, 27: 363-385.
2. Pescosolido, B. A., & Martin, J. K. (2015). “The Stigma Complex.” *Annual Review of Sociology*, 41: 87-116.

---

**Suggested Citation:** Demerly, N., Brant, K., & Lindemann, J. (2025). *Stigma-Related Barriers to Accessing Emergency Food Assistance* (Brief #9). Penn State's Center for Economic and Community Development. [aese.psu.edu/cecd](http://aese.psu.edu/cecd)

This report is part of a series of policy briefs on the provision of emergency food assistance across Pennsylvania. The full report can be accessed at <https://rural.pa.gov>, or by sending a request directly to the authors. This series was created by Penn State's Center for Economic and Community Development in partnership with Penn State Extension. For questions about this report, please contact the authors at [jlindemann@psu.edu](mailto:jlindemann@psu.edu) or [kbrant@psu.edu](mailto:kbrant@psu.edu).

This study was funded by a research grant from the Center for Rural Pennsylvania, an office of the Pennsylvania State Government. Additional support comes from the USDA National Institute of Food and Agriculture and Multistate Research Project #W5001 Rural Population Change and Adaptation in the Context of Health, Economic, and Environmental Shocks and Stressors (#PEN04796, Accession #7003407).

Penn State's **Center for Economic and Community Development** is an applied research and engagement center dedicated to strengthening local and regional development in Pennsylvania and beyond. The Center works with and for communities to address pressing issues they face by connecting them with information about the issues facing their communities. The Center is housed in the College of Agricultural Sciences' Department of Agricultural Economics, Sociology, and Education. Visit us online: [aese.psu.edu/cecd](http://aese.psu.edu/cecd)

This publication is available in alternative media on request.

The University is committed to equal access to programs, facilities, admission and employment for all persons. It is the policy of the University to maintain an environment free of harassment and free of discrimination against any person because of age, race, color, ancestry, national origin, religion, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, sexual orientation, marital or family status, pregnancy, pregnancy-related conditions, physical or mental disability, gender, perceived gender, gender identity, genetic information or political ideas. Discriminatory conduct and harassment, as well as sexual misconduct and relationship violence, violates the dignity of individuals, impedes the realization of the University's educational mission, and will not be tolerated. Direct all inquiries regarding the nondiscrimination policy to the Office of Equal Opportunity and Access, The Pennsylvania State University, 328 Boucke Building, University Park, PA 16802-5901, Email: [oeoa@psu.edu](mailto:oeoa@psu.edu), Tel (814) 863-0471.

© 2025 Center for Economic and Community Development, The Pennsylvania State University