

**FROM BLUE TO GREEN:
THE DEVELOPMENT AND IMPLEMENTATION OF A HORTICULTURAL THERAPY
PROGRAM FOR RESIDENTS OF A BATTERED WOMEN'S SHELTER**

Claire M. Renzetti, Ph.D.

Department of Sociology & Center for Research on Violence against Women

University of Kentucky

1501 Patterson Office Tower

Lexington, KY 40506-0027

Phone: 859-257-6424

Email: claire.renzetti@uky.edu

Diane R. Follingstad, Ph.D.

Department of Psychiatry & Center for Research on Violence against Women

University of Kentucky

245 Fountain Court

Lexington, KY 40509

Phone: 859-323-5281

Email: follingstad@uky.edu

Diane Fleet

Assistant Director, Greenhouse17

P.O. Box 55190

Lexington, KY 40555

Email: DFleet@greenhouse17.org

INTRODUCTION

The negative consequences of intimate partner violence (IPV) are well documented in the empirical literature and include not only physical injuries, but also mental health concerns such as anxiety, depression, posttraumatic stress, lowered self-esteem, and a diminished sense of self-efficacy (Perez, Johnson, & Wright, 2012; Sutherland, Bybee, & Sullivan, 2002). Domestic violence shelters were established to provide women fleeing IPV with emergency housing as well as psychological counseling and legal assistance. Additional programs have been developed within shelters to expand the services offered to residents, including transitional housing and relocation services, educational programs, drug and alcohol treatment, and employment assistance (Macy, Giattina, Sangster, Crosby, & Montijo, 2009; Sullivan, 2012). Increasingly, domestic violence advocates and researchers are urging service providers to focus more attention on providing programs that economically empower victims (Goodman & Epstein, 2009). These domestic violence experts recognize that financial instability and the threat or actual experience of poverty, in addition to the negative mental health impacts of IPV, are among the factors that motivate women to return to abusive partners, thus increasing the risk of revictimization (Brush, 2011; Hamby & Bible, 2009; Moe & Bell, 2004; Pruitt, 2008).

Although any number of options exist for economically empowering victims (e.g., Thistle Farms), a fairly prevalent approach to working with persons with physical disabilities, persons experiencing mental symptomatology, crime victims, and even older persons has been using nature and plants in therapeutic and skill-building capacities. Proponents of this approach suggest that the benefits from horticulture as therapy are wide-ranging, thus affecting many dimensions of well-being during a targeted period of

skill-building. As recipients of ongoing violence and abuse, IPV victims experience the range of physical and mental sequelae encompassing trauma symptoms, physical injury, somatic symptoms resulting from stress, cognitive disruption, anxiety and depression, as well as symptoms resulting from ineffective modes of coping, such as substance abuse.

The present study focuses on a TH program developed by the Bluegrass Domestic Violence Program, Inc. (BDVP), renamed GreenHouse17, in 2014. Our goal is to eventually empirically evaluate the outcomes of this TH program for GreenHouse17 shelter residents to determine whether participation results in physical, psychological, and functional benefits that exceed the benefits of standard programming.

The issues for domestic violence shelters that might consider adding horticulture in some form to their standard programming are likely to include: 1) specifically, which outcomes from TH might be useful for victims of IPV; 2) whether including horticulture in one's programming is actually effective in producing desired changes in *shelters'* targeted outcomes; 3) whether this potential addition to a shelter's programming is different from introducing other economically empowering strategies to shelter residents; and 4) whether inclusion of horticulture can actually generate a unique environment resulting in stronger and wider ranging therapeutic effects than standard programming. These questions have yet to be answered.

This presentation, however, focuses on the findings of the first phase of our approach to evaluating the GH17 TH program, which involved interviewing shelter staff regarding their perceptions of the development and implementation of the therapeutic horticulture program and its effects on shelter residents. To begin, we review the research

literature on therapeutic horticulture in general, next discuss the GreenHouse17 program specifically, followed by the results from the staff interviews.

BACKGROUND

The Theoretical and Empirical Underpinnings of Therapeutic Horticulture

The term *therapeutic horticulture* (TH) applies to interventions that use nature or plant-related activities to improve participants' physical, psychological, and social well-being. TH is distinguished from horticultural therapy in that the latter is typically administered in a structured setting by trained therapists. In contrast, TH is implemented in a broader range of settings by a variety of service providers and practitioners, often as an adjunct to other services, without structured activities and specifically defined practical goals (Gonzalez, Hartig, Patil, Martinsen, & Kirkevold, 2009). TH programs have been developed for diverse populations, including juvenile offenders, individuals with substance abuse disorders, military veterans diagnosed with PTSD, patients diagnosed with schizophrenia, and clinically depressed persons (Annerstedt & Währborg, 2011; Gonzalez et al., 2009; Gonzalez, Hartig, Patil, Martinsen, & Kirkevold, 2011; Horowitz, 2012; Sempik, Aldridge, & Becker, 2005).

The expectation that nature is beneficial for physical and mental relief of people has a long history in the healing arts (Sempik, Aldridge, & Becker, 2003). Benjamin Rush, the father of TH, wrote in the late 1700s about the benefits for persons with psychiatric disabilities of working in gardens or on farms. A number of European countries developed programs starting in the mid-1800s, which used farm work as a treatment for individuals with psychiatric disorders, mentally handicapped individuals, and disadvantaged groups, and these countries have continued such efforts to the present. Although professional

interest in TH has not maintained a consistent focus over the years, a resurgence of programs occurred in the 1980s when professionals recognized that medications and psychotherapy might have limitations in their effectiveness (Neuberger, 1995) and a broader perspective might be efficacious.

Different forms of TH have been developed for specific purposes – social farms for social services and care; therapeutic gardens for use of healing plants; healing gardens designed as places within medical facilities where individuals may go to relax and reflect; horticultural gardens designed specifically for a targeted group of individuals to meet their therapeutic needs; community gardens designed to connect members of the local area as well as provide nutritional benefits; or restorative gardens used to provide a space conducive to reducing stress and regaining mental strength. Domestic violence shelters could potentially employ several forms of TH to address restorative needs of residents, generate a food supply and enhance nutrition, and provide “work” experiences.

Most of the conceptual work and research into the impact of TH has focused on the mental aspects that appear positively affected by the experience. Although the preference for the natural world may arise from our evolutionary background and cultural associations that people have developed in their interaction with nature, there are likely multifaceted explanations for why TH is hypothesized to produce psychological reduction of stress and actual restoration of mental functioning (Sempik, et al. 2003).

The proposition that working with plants in a natural environment may produce mental benefits derives from various theoretical perspectives. One theory, *attention restoration theory*, draws on research showing that trauma and stress reduce an individual’s attentional capacity and increase negative thoughts and rumination, which in

turn lead to difficulties in problem-solving and effectively carrying out everyday activities (Kaplan, 1995). A restorative environment has been hypothesized to provide 1) escape from typical aspects of life, 2) fascination through growing things and producing beauty, 3) a feeling of being in a meaningful and orderly world, and 4) an affinity with nature and the environment (Kaplan & Kaplan, 1990). Working in a garden, on a farm or in another natural setting, then, is thought to give traumatized individuals psychological and emotional distance from negative distractions and reminders, thereby restoring their ability to heal and to attend to functional tasks (Gonzalez et al., 2009; Hartig, Korpela, Evans, & Gärling, 1997).

A second relevant theory, *conservation of resources (COR) theory*, maintains that traumatic life events, including IPV victimization, produce “resource loss” for victims. Lost resources may include housing and income, social interaction with family and friends, and/or a reduced sense of self. These losses cause physical and psychological distress, but according to COR theory, well-being can be improved through “resource gain,” such as re-establishing safety, developing skills, and restoring self-efficacy (Hobfoll, 2001; Sullivan, 2012). By providing opportunities for resource gain, therefore, TH helps improve participants’ physical, psychological, and social well-being. In the case of IPV victims, such resource gains may translate into greater self-sufficiency and self-efficacy with reduced risk for revictimization (Sullivan & Bybee, 1999).

Research evaluating TH programs in diverse settings has found them to be effective for reducing stress, depression, and negative feelings, and in promoting relaxation, social inclusion, and self-confidence. In a systematic review of 35 controlled studies and three meta-analyses, Annerstedt and Währborg (2011) found that “nature-assisted therapies”

have three main types of positive outcomes: 1) short-term recovery from stress and mental fatigue, 2) faster recovery from illness, and 3) long-term overall improvement in health and well-being. For example, Stigsdotter and Grahn (2004) studied residents of “high stress” urban neighborhoods and found that those with access to a garden had significantly lower “sensitivity to stress” (an index measure of stress, irritation and fatigue) than those without access to a garden, and that participants who simply visited a garden experienced a reduction in sensitivity to stress. In two prospective studies with samples of individuals identified as clinically depressed, Gonzalez et al. (2009, 2011) reported that a 12-week TH program significantly reduced depression scores for participants both during the intervention and at 3-month follow-up. And in the most extensive evaluation of TH programs for vulnerable groups to date, Sempik et al. (2005) found that such interventions improve nutrition and dietary habits; raise self-esteem and perceptions of self-worth through the status gained from being a “gardener” or “worker”; increase self-confidence and satisfaction by learning new skills, acquiring knowledge, and producing food or craft objects; and reduce social isolation through group activities (see also Son, Song, Um, Lee, & Kwack 2004; Yamane, Kawashima, Fujishige, & Yoshida, 2004). These outcomes suggest that a sense of accomplishment, focused attention away from the negative, development of potential skills, social contact, tangible products, and a sense of meaning may all derive from exposure to TH, all potentially useful outcomes for victims of IPV.

Although there is more empirical support for psychological benefits from TH, evidence to date does not demonstrate support for improvements in physical functioning in physically impaired individuals who engage in TH or HT. However, general physical benefits from TH, agrotherapy, or farm work in various groups exposed to TH have not

been empirically assessed. Research literature to support the social benefits of engaging in TH is limited and mostly anecdotal, and the variability in groups for whom TH has been employed reduces the ability to know whether this benefit is actually more likely to occur with *particular* targeted groups. In addition, the type of TH employed may differentially affect social benefits, with community gardens being one form of TH with a greater likelihood of facilitating social contact (Sempik, et al. 2003).

The model by which we hypothesize that a range of beneficial outcomes may result for domestic violence shelter residents participating in a TH, or farm, program above and beyond the shelter's standard programming, asserts that "working the land" encompasses many elements or dimensions that individually have the potential to impact a range of physical, psychological, and functional outcomes. (See Figure 1). Specifically, there is physical activity, the process of cultivation and production of food, an attentional component, a sensory experience in nature, skill development, and opportunities for informal social contact. The immediate and basic mechanisms arising from these dimensions are an altered self-view toward increased esteem and self-sufficiency; a complex of restoration, tranquility, and distraction leading to mental recovery; and a sense of belonging. These in turn are expected to impact physical well-being; a reduction in anxiety, depression, and cognitive disruption affecting mental well-being; social inclusion; and an increase in skills.

Although more empirical study is clearly needed to substantiate benefits directly attributable to TH, there is even less research that examines implementation or assessment of TH programs specifically for IPV victims. One program in California, Project GROW, was piloted from spring 1999 to winter 2000 with the goals of increasing the food security of

the shelters, while simultaneously contributing to the healing and empowerment of shelter residents (Stuart, 2005). The evaluation, however, had serious methodological limitations (e.g., survey or interview data were collected from only 5% of program participants), making the findings ungeneralizable. Nevertheless, the evaluation results suggest that TH has promise for producing beneficial outcomes in domestic violence shelter settings (see also Lee, Kim, & Suh, 2008).

GreenHouse17

The Bluegrass Domestic Violence Program, Inc. (BDVP), now GreenHouse17, was founded in 2004. It was then and remains today the primary provider of services to victims of IPV in Lexington/Fayette County, Kentucky, and the surrounding 16 rural counties of the Bluegrass Development District.¹ GreenHouse17 serves approximately 230 women and their children each year, offering standard shelter services (e.g., a 24-hour crisis line, safe emergency housing, legal assistance, counseling, and referrals) for both residential and non-residential program participants. But one program that makes GreenHouse17 unique relative to other victim services agencies is that it operates a working farm.

Stuart (2005) notes that domestic violence shelters are often located in bleak physical environments separated from nature. But GreenHouse17 is situated on 40 acres of rich farmland, surrounded by other working farms, including horse farms, in Fayette County, Kentucky. In 2010, shelter administrators and staff, faced with budget constraints, began to consider potential revenue-generating activities as well as ways to raise awareness of the shelter's work in the community. Although various "cottage industries" were discussed, shelter administrators and staff felt that cultivating the land could address several issues simultaneously; specifically, farming could: 1) reduce the shelter's food

budget, while improving nutrition for residents and staff; 2) raise revenue through the sale of produce at local farmers' markets; 3) provide residents with opportunities for physical exercise, socializing, and quiet reflection and meditation, thus facilitating healing; and 4) connect the shelter with the larger community through the shared value of land preservation and the "buy local" movement.

A committee was formed to evaluate land usage on the shelter's property; this group included members of the local community as well as faculty from the College of Agriculture, Food and Environment (CAFE) at the University of Kentucky. The project began small, as several raised-bed gardens with limited crops. Concerns about the future of the project emerged among some shelter staff almost immediately; chief among these was the question of who would actually work in the garden. Staff already felt a severe time crunch and they worried that the labor needed to cultivate a garden would siphon attention and energy from the "real" work of the shelter. At the same time, it initially appeared that there was little interest in gardening among the majority of residents. Through the connection with CAFE, however, a young female farmer came forward who was willing to help develop what has come to be known as "the farm project."

In just three years, the small, raised-bed gardens expanded into field cultivation of food crops, hoop houses for the cultivation of seedlings and winter crops, an herbal meditation garden, flower gardens, and a few honey-producing beehives. The farmer is now a paid employee of the shelter and works with a paid farm manager whose responsibilities include farm-to-table utilization of the harvest. Residents are offered voluntary opportunities to participate in farming activities, and those who wish to actively work the land (e.g., prepare beds, mulch, plant, water, weed, harvest) may commit to nine

hours of labor per week in exchange for a small stipend as compensation. Residents who do not wish to participate directly in farming may engage in farm-related activities (e.g., cooking farm-to-table, flower arranging, making crafts and body products from harvested products). As envisioned, harvested produce and honey are sold at local farmers' markets. In addition, community members have ordered flower arrangements for special events such as weddings, and most recently, an order was received for 3,000 units of lip balm for a national beauty products trade show. But the farm is also an adjunct to the therapeutic services offered at the shelter in that its mission is to create an agriculture-based therapeutic environment with the potential to improve residents' physical, psychological, and emotional well-being. The farm program provides: physical activity, companionable social interaction, and serenity for IPV victims; a source of nutritional and seasonal field-to-table food for shelter residents; and opportunities for self-sufficiency and microenterprise. All of these program elements may reduce the negative effects of IPV victimization, while promoting financial stability, self-efficacy, and self-esteem (Sullivan, 2012). To date, however, the extent to which the farm program is succeeding in meeting its goals has not been empirically evaluated. As previously stated, that is the purpose of the present study.

Our evaluation uses a two-stage approach. In the first stage, we conducted semi-structured interviews with all shelter administrators and staff. The findings from these interviews were instrumental in the development of our proposal for the second stage of the evaluation, which will use a quasi-experimental, mixed-methods design to measure therapeutic outcomes of participation in the farm program for shelter residents. As we have already noted, the present paper reports the results of the first stage of the evaluation.

METHOD

All shelter administrators and staff were invited to engage in a semi-structured interview with the researchers, and all agreed to participate (N=17). Interview questions initially focused on the general service delivery model of the shelter, the structure of decision-making, and the way conflicts and problems between residents, residents and staff, and between staff members themselves are resolved. Most of the interview, however, was devoted to staff perceptions of the farm program in the context of the shelter's mission and goals, whether they experienced any concerns about the farm program as well as their views regarding its success, and their vision of the future of the program. The interview protocol was approved by the University of Kentucky Institutional Review Board. Interviews were conducted jointly by the researchers from September, 2012-January, 2013, either in a private room at the shelter during the participant's working hours or at another private location mutually convenient to the researchers and the participants. Interviews averaged 90 minutes in length and were audio-recorded. As a token of appreciation for their participation, each interviewee received a \$10 gift card at the conclusion of the interview.

The recorded interviews were transcribed verbatim by a professional transcriber. Although our interview questions provided specific themes for data analysis, participants often raised issues or made comments during their interview that we had not anticipated. Consequently, we used grounded theory in the data analysis, which allowed new themes to emerge from the data. Both researchers independently read all of the interview transcripts, coding them line-by-line and tentatively identifying emergent themes. The researchers subsequently met to discuss the results and resolve any disagreements regarding thematic

categories before operationalizing the final coding scheme. The data were then analyzed using NVivo 10 software (QSR International, 2014).

In this paper, we focus on three major themes: 1) staff perceptions of the benefits of the farm program, 2) staff concerns about the farm program, and 3) staff assessments of how the farm program “fits” within the shelter’s mission and goals. Although these are distinct themes, they are not unrelated to one another. And within these major themes, we discuss several subthemes, including therapeutic outcomes of farm program participation, financial benefits and skills acquisition resulting from farm program participation, benefits of the farm to staff, and the farm as a for-profit business.

FINDINGS

Theme 1: Staff Perceptions of Farm Program Benefits

Staff identified benefits of the farm program for shelter residents, for shelter staff, and for the shelter in general.

Benefits for residents included physical exercise, mental health benefits (e.g., reduction in anxiety and depression), money and work experience, social connections, and a sense of accomplishment. For instance, one staff member said:

I’ll tell you what I’ve noticed: way, way less women sitting on the back porch smoking all day. . . . People need something to do, and that’s the reality. . . . Yeah, and then you just wallow in your own, you know, sadness . . . And it [the farm] keeps people active.

The physical exercise provided by farm activities, then, was tied to mental health benefits and a reduction in social isolation.

Other farm-related activities, such as using farm products to make crafts and cooking, were also tied to improvements in mental health. In fact, *every* staff member recounted the story of a client who had been in and out of the shelter several times in recent years who needed treatment for substance abuse, but who had resisted staff attempts to get her checked into a treatment facility. By all accounts, participating in farming and cooking with farm produce “saved this woman’s life.” She began to take pride in the food she made and would ask residents and staff alike to taste what she had prepared. She realized that she had skills that she could perhaps parlay into a small business or paid employment, which motivated her to stay sober while in the shelter and to eventually check herself into a substance abuse treatment facility. While this woman’s story was quite dramatic, most staff reported that growing things, making crafts, or cooking raised the women’s self-esteem and sense of self-efficacy, and improved their general well being. For instance, one staff member told us:

I mean, I have women that tell me, “This is keeping me sober. This is keeping me from doing something really stupid to get some cigarettes. I love this. I feel better than I’ve felt in years.” Like these are the testimonies that I get.

Staff members tied these improvements to residents’ feelings of fulfillment and accomplishment; the women recognized that through their work they were making a contribution to the shelter community.

Similarly, staff members emphasized that the farm program provides residents with marketable skills and valuable work experience. As one staff member explained:

Some people come through with no work history. Some people, you know, whatever reason, it gives them – and it’s a small stipend – but then it gives them that work

experience, a good work referral, a small check to kind of get things started. And so on many levels it's an amazing thing because it's therapeutic, it's employment, and you get treated like an employee.

Many staff members noted that, for some women, working on the farm or in the garden offered serenity and had a calming effect. As one staff member said, "Like, you know, we have had less fights and just like less, it seems like a little less aggression." This benefit was associated with humans' connection to nature. As one staff member described it:

You have the earth. I mean, there's like documented evidence that working with the earth is healing in any way. . . . Being in nature, touching the earth, working directly, there are just benefits to that experience. I would say particularly with trauma, but really for all people it is a positive . . .

Staff also perceived benefits to themselves from the farm. A few staff members participate directly in the farm by doing farm work; one staff person particularly liked tending the beehives. And all the staff appreciated the availability of fresh vegetables and berries from the harvest. But most staff who discussed how the farm benefits them described ways that it assists them in their work. For example:

I think what people find is that, "Oh, having the garden there and being a part of it really expands my ability to deliver services." . . . That garden, you know, it really gives you a lot more opportunity to deliver services, and that's whether you're a crisis counselor or an advocate. You know, I mean because you can, you can be like, "Man, I don't know what the hell to do. Let's go take a walk in the garden. Let's go pick raspberries for a minute and we can shoot [chat] while we're eating

raspberries.” You know, that really kind of lends itself to that. So yeah, you don’t have to set foot there, but man, it’s pretty good if you do.

Finally, staff identified two major benefits of the farm to the shelter more broadly. First, the farm has had a positive impact on the shelter’s food budget, reducing food expenses while simultaneously improving nutrition. One staff member explained it this way:

... we wanted to grow healthier food. And because we’re a poor nonprofit, what happens is we feed everybody chicken nuggets and French fries, because that’s what we can afford, processed food everywhere. . . . You know, most women come to the shelter and gain 40 pounds in the first month or two. . . . But we’re not seeing that same level. Like, because we’re cooking healthier, figuring out ways to make things good, and it’s broadening their perspective of what they can do. So they’re using more olive oil instead of bacon grease when they’re doing things . . .

Second, the farm has provided a connection between the shelter and the broader community. It has brought the shelter some positive media attention and raised awareness in the community about the important services that the shelter provides. As one staff member said:

Then I would say success would be that it’s another avenue of which the community can embrace, that builds this bridge that makes the community comfortable with the issue of domestic violence. And if they need this avenue to do that and see how they can play a role in all this, I think that it’s a successful, beautiful, nice way to bridge a very complicated, hands-off kind of issue for most of the community.

Theme 2: Staff Concerns about the Farm Program

Although all staff identified multiple benefits of the farm, some also expressed concerns about having a farm program at the shelter. Initially, the primary concern was how the farm might increase the work burden of staff. One staff member summed up this concern:

I was very reserved about the demand on staff, the time. [We] already do a tremendous amount of work, 17 counties, 24/7, 22 people. . . . My reservations were staff. Asking them to do more, what that looked like. . . . And it's a natural tendency to have a reaction to something that's way outside the box. That might feel like, "What does that mean for me? Because I'm working hard enough. I got enough to take care of without worrying about whether the weeds are pulled. And what kind of support are we going to get to even do this?"

This worry was compounded by a fear that residents would not participate and the work of maintaining the farm would automatically revert to an already overworked staff. As one staff member expressed it:

I think there are always folks that get startled by new ideas, a little bit, and aren't quite, you know, kind of go to that place of, "That won't work. Oh that's never going to work. We can't even get them [the residents] to do their chores, nobody's going to work on the farm." So, or do any part of that.

As noted previously, these concerns were not unwarranted given that none of the staff had much farm or gardening experience and residents did not seem especially enthusiastic, so until the agricultural employee was hired, the farm project – which was basically container gardens at the time – initially floundered. As one staff member

recounted, “People don’t realize about farming. They don’t realize how many, what’s needed to do it. It’s a big deal. But people don’t have any idea.”

The hiring of the farmer appears to have been a turning point for the farm project. Her expertise resulted in more buy-in from both staff and residents and assuaged many of the early worries. Current concerns about the farm revolve largely around growth. First, there is the question of whether the farm can be self-sustaining. There appears to be a general recognition that the farm should grow in order to provide the shelter with more revenue, but this goal is juxtaposed with the worry that growth that is too fast or too large could actually undermine the farm and, ultimately, the shelter itself.

This concern is related to a second having to do with staffing the farm. Currently, the farm uses a modest stipend program to motivate residents to engage in farm work. It hasn’t been difficult to get women to sign up for the stipend program, but some staff worry that given that shelter residents are a transient population, there may come a time when there are not enough residents to work the farm or that high turnover will undermine the farm. Some staff suggested that one way to handle this problem would be to have women continue to work on the farm or in farm-related activities after they have stopped living at the shelter. But other staff worried that this arrangement might pose safety and confidentiality risks. For example, one staff member said:

I’m a little protective of this place and the anonymity that it does have. . . . But my concern would be bringing too much community attention to the property where women are seeking safety. You know? . . . And just being mindful of actually who’s on the property.

Interestingly, we asked the staff if they were concerned that eventually the farm might overshadow or supplant the shelter. Very few staff members responded affirmatively. During the recent discussions that ultimately led to the new name, GreenHouse17, there was some resistance among staff to focusing on the farm as the source of branding for the shelter. The hesitancy, according to one staff member, stemmed from a concern about masking the “real work” of the shelter:

I think it’s hard for staff whose jobs don’t include the farm to see the community embrace the work that they do. I’m not, they’re not jealous, that’s not what I’m saying. But the super hard work of domestic violence is the 3:00 a.m. phone call. You know? It’s standing in court, it’s hearing the stories over and over again, seeing someone return and then come back. You know, that’s the hard work of the mission.

But the responses of the majority of staff to this question are exemplified in the words of the staff member who told us:

I mean, a part of me says that, yeah, I mean it could happen. It could very well happen. But the other part of me says no because it’s pretty client-centered. So even though the farm may be big and it may become . . . but it’s still centered around them [the women residents], the basis of that.

As this staff member implied, a primary reason for the relative lack of concern about the farm supplanting the shelter is the widespread perception that the goals of the farm program fit well with the overall mission and goals of the shelter. This is the third and final theme from the staff interviews that we will discuss.

Theme 3: Reconciling the Farm Program with the Shelter’s Mission and Goals

We explicitly asked shelter staff whether they see the farm fitting with the overall mission and goals of the shelter. Staff were unanimously positive in their responses. Many staff members pointed out how the goals of the farm parallel those of the shelter. For instance:

I think that it fits in some self-sustaining, which is kind of what we try to teach the ladies anyway. And it also, it goes into the healing goals. It's been like so therapeutic for these women. . . . They've gotten a lot from it.

Even staff members who admitted to being initially skeptical about the farm admitted to being won over once they observed its benefits for residents and how it contributed to achieving the mission and goals of the shelter. More specifically, witnessing dramatic changes in some of the residents during their participation in the farm program and farm-related activities transformed, as one staff member put it, "nonbelievers into believers." She continued:

I mean even people who've never even touched dirt before are talking about how important that was to them, and those pieces. But I do believe she [one specific resident] was that true visual for people, the nonbelievers, who've been [here] probably the longest . . . They have, yeah. . . . "Show me how this is going to benefit our families, and then I'll get on board."

And indeed they have.

NOTES

1. The Bluegrass Development District encompasses: Anderson, Bourbon, Boyle, Clark, Estill, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford counties. Along with these 16 largely rural counties, the shelter serves residents of urban Lexington/Fayette County, totaling a 17-county service area—hence, the number 17 in the shelter’s new name, GreenHouse17.

REFERENCES

- Annerstedt, M., & Währborg, P. (2011). Nature-assisted therapy: Systematic review of controlled and observational studies. *Scandinavian Journal of Public Health, 39*, 371-388.
- Brush, L.D. (2011). *Poverty, battered women, and work in U.S. public policy*. New York: Oxford University Press.
- Gonzalez, M.T., Hartig, T., Patil, G.G., Martinsen, E.W., & Kirkevold, M. (2009). Therapeutic horticulture in clinical depression: A prospective study. *Research and Theory for Nursing Practice, 23*, 312-328.
- Gonzalez, M.T., Hartig, T., Patil, G.G., Martinsen, & Kirkevold, M. (2011). A prospective study of group cohesiveness in therapeutic horticulture for clinical depression. *International Journal of Mental Health Nursing, 20*, 119-129.
- Goodman, L.A., & Epstein, D. (2009). *Listening to battered women: A survivor-centered approach to advocacy, mental health and justice*. Washington, DC: American Psychological Association.
- Hamby, S., & Bible, A. (2009). *Battered women's protective strategies*. Harrisburg, PA: VAWnet. Retrieved May 13, 2013 from <http://www.vawnet.org>.
- Hartig, T., Korpela, K., Evans, G.W., & Gärling, T. (1997). A measure of restorative quality in environments. *Scandinavian Housing & Planning Research, 14*, 175-194.
- Hobfoll, S.E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation resource theory. *Applied Psychology, 50*, 337-370.
- Horowitz, S. (2012). Therapeutic gardens and horticultural therapy: Growing roles in health care. *Alternative and Complementary Therapies, 18*, 78-83.
- Kaplan, R., & Kaplan, S. (1990). Restorative experience: The healing power of nearby nature. In M. Francis & R.T. Hester (Eds.), *The meaning of gardens* (pp. 238-243). Cambridge, MA: MIT Press.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology, 15*, 169-182.
- Lee, S., Kim, M.S., & Suh, J.K. (2008). Effects of horticultural therapy on self-esteem and depression of battered women at a shelter in Korea. *Acta Horticulturae, 790*, 139-142.
- Macy, R.J., Giattina, M., Sangster, T.H., Crosby, C., & Montijo, N.J. (2009). Domestic violence and sexual assault services: Inside the black box. *Aggression and Violent Behavior, 14*, 359-373.

- Moe, A.M., & Bell, M.P. (2004). Abject economics: The effects of battering and violence on women's work and employability. *Violence Against Women, 10*, 29-55.
- Neuberger, K.R. (1995). Pedagogics and horticultural therapy: The favorite task of Mr. Huber, digging up potatoes. *Acta Horticulturae, 391*, 241-248.
- Perez, S., Johnson, D.M., & Wright, C.V. (2012). The attenuating effect empowerment on IPV-related PTSD symptoms in battered women living in domestic violence shelters. *Violence Against Women, 18*, 102-117.
- Pruitt, L.R. (2008). Place matters: Domestic violence and rural difference. *Wisconsin Journal of Law, Gender and Society, 23*, 346-416.
- QSR International (2014). *NVivo 10*. Burlington, MA: Author.
- Sempik, J., Aldridge, J., & Becker, S. (2003). *Social and therapeutic horticulture: Evidence and messages from research*. Leicestershire, UK: Loughborough University Media Services.
- Sempik, J., Aldridge, J., & Becker, S. (2005). *Health, well-being and social inclusion: Therapeutic horticulture in the UK*. Bristol, UK: Policy Press.
- Son, K.C., Song, J.E., Um, S.J., Lee, S.J., & Kwack, H.R. (2004). Effects of visual recognition of green plants on the changes of EEG in patients with schizophrenia. *Acta Horticulturae, 639*, 193-199.
- Stigsdotter, U.A., & Grahn, P. (2004, October). A garden at your doorstep may reduce stress: Private gardens as restorative environments in the city. *Proceedings of the "Open space: People space" conference on inclusive outdoor environments*. Edinburgh, Scotland.
- Stuart, S.M. (2005). Lifting spirits: Creating gardens in California domestic violence shelters. In P.F. Barlett (Ed.), *Urban place: Reconnecting with the natural world* (pp. 61-88). Cambridge: MIT Press.
- Sullivan, C.M. (2012). *Examining the work of domestic violence programs within a "social and emotional well-being promotion" conceptual framework*. Harrisburg, PA: National Resource Center on Domestic Violence. Retrieved February 23, 2014 from <http://www.dvevidenceproject.org/publications/>.
- Sullivan, C.M., & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology, 67*, 43-53.
- Sutherland, C.A., Bybee, D.M., & Sullivan, C.M. (2002). Beyond bruises and broken bones: The joint effects of stress and injuries on battered women's health. *American Journal of Community Psychology, 30*, 609-636.

Yamane, K., Kawashima, M., Fujishige, N., & Yoshida, M. (2004). Effects of interior horticultural activities with potted plants on human physiological and emotional status. *Acta Horticulturae*, 639, 37-43.