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# Rules vs. Rights? Social Control, Dignity, and the Right to Housing in the Shelter System

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## Abstract
Sometimes the mechanisms that are in place to protect human rights lead to human rights violations. Drawing on data from ten months of fieldwork at a homeless shelter's women's program in a New England city. The authors trace the compromise of human dignity that accompanies one shelter's effort to help clients fulfill their human right to housing.

Although the Universal Declaration of Human Rights (UDHR), as a human rights instrument, identifies the right to housing, it does not address the mechanism of providing for that right: how might the manner in which housing is provided to those in need affect their right to dignity, among other rights? Moreover, poverty and homelessness do not occur in a vacuum: how do the intersecting human rights issues of racism and gendering in the welfare state, and the inequalities these produce, affect the dynamics of providing housing for the homeless?

Women of marginalized populations, including women of color, lesbians, immigrants, the poor, the emotionally ill, people with disabilities, and drug addicts, who require public assistance encounter institutional barriers in their efforts to remedy their impoverished social circumstances. Intersectional studies of the gendered and racialized components of the United States welfare system reveal an oppressive

state power structure that diminishes the agency of women who face a cycle of instability of services and dehumanization in the context of the patriarchal and racist underpinnings of this system (Abramovitz 1996; Naples 1991; Neubeck and Cazenave 2001; Neubeck 2006; Nussbaum 2000; Quadagno 1990). In the backdrop of American exceptionalism that underscores the United States' realization and resistance to human rights matters (Ignatieff 2005; Massey 2008) and a lack of state commitment to fulfill the needs of citizens and non-citizens within state borders (Armaline and Glasberg 2009), many women from these historically marginalized populations continue to confront inequality in their subsequent reliance on the shelter system. The "new paternalism" (Mead 1997) of the years since passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 characterizes a new culture of welfare that treats those who are in need of welfare assistance as childlike and incompetent; Schram (2000) refers to this change as a new culture of welfare. Yet, Miller's (1983) earlier findings regarding the staff-client relationship in work incentive programs reveal that the degradation of the welfare recipient is not a new phenomenon.

Nussbaum's (2000) recognition of women's global restraints on accessing their human capabilities that compromises their full realization of their rights clarifies our argument. Welfare state disorder, that leads to unstable transitional housing with uncommon stories of clients establishing permanent residences compromises an individual's political rights. For example, without a permanent address, an individual relinquishes her right to vote.

In the United States, shelters provide temporary and transitional assistance to individuals who require support in meeting their basic needs primarily relating to food and shelter. As such, individuals visit shelters when they have exhausted all of their personal resources and may either be waiting to receive federal or state distributions, or require assistance in filling out forms to apply for these programs. The shelter system operates in tandem with the welfare state as a private service provider. Many shelters receive funding from non-public sources including religious organizations, for example, as well as state funding sources. This homeless shelter is an ideal site for observing inequality in the welfare state; this institution partially addresses social and human rights needs that the state fails to meet.

Before we move forward with our discussion of rights violations in this shelter context, we acknowledge that human rights exist on a diverse spectrum and we believe that it is detrimental to speak of a hierarchy of human rights in terms of their gravity. Yes, the shelter setting is a site of aid for those in need; we understand that even while we identify these rights violations, they are occurring in tandem with rights compliance. For example, women have access to three meals a day and a roof over their heads. Yet, we argue that the circumstances that we

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describe prevent the full realization of human capabilities. While social disorder in the shelter system is certainly not the most severe form of a human rights abuse, we still argue that it is highly necessary to look at this case in a human rights context. Clients are a step away from being tossed back on the street if they happen to violate a rule on a day when the administrators may wish to make an example of them, for instance. While staff members' blatant disregard for the rules is certainly not as bad as rape, torture, or human trafficking concerns, this disregard is an assault on clients' human dignity. Furthermore, the issue is not that the lack of rules produces human rights violations, but that the inconsistent and arbitrary imposition of rules or the failure to enforce existing rules are what lead to compromised human capabilities for some but not for others. This inconsistency itself is a human rights issue.

Specifically, how do shelters in the United States fill the void left by the state in providing for the right to housing? How might the dynamics of relations in shelters reduce or perpetuate welfare state inequality? Furthermore, how might the demographic backgrounds of the social service workers, primarily with respect to class, race, and gender, affect the barriers that impede women's self-sufficiency and dignity? And, how does social disorder affect these relationships? We define social disorder as the deterioration of values and norms that brings about negative consequences. It is during times of crisis, both institutional and personal, when individuals' rights, specifically the rights of individuals from vulnerable groups, are most at risk (Armaline, Glasberg, and Purkayastha 2011; Doswald-Beck 2011; Klein 2008). For example, the consequences of Hurricane Katrina, a Category 5 storm that devastated the Gulf Coast of the United States in August 2005 most severely impacted people of color and people of lower class backgrounds who were not able to flee the affected area before the storm made landfall (Dyson 2005). This historic storm drew attention to the human rights abuses within New Orleans that intensified post-Katrina (Katuna 2011). In October 2012, Hurricane Sandy ravaged highly populated pockets of individuals from all class backgrounds in major touristic and financially meaningful hotspots in New Jersey, New York, Pennsylvania, and Connecticut and has resulted in an outpouring of support for storm victims. Many suffered severe structural damage to their homes and businesses making them unlivable and inoperable spaces. The upper class people living in idyllic homes within the areas impacted by Hurricane Sandy have been cast as 'deserving' of aid resulting in an outpouring of media attention and resource assistant. On the other hand, Hurricane Katrina victims confronted the label of being 'undeserving' or less deserving of aid which has resulted in ongoing human rights abuses in the US Gulf region. We make this connection to show the differential social constructions of those 'deserving' and 'undeserving' of aid. In other words, rights limitations diminish individuals' human dignity.

The above comparison calls attention to how a victim of a human rights violation may be unaware of his or her exploitation in the midst of crisis; the imposition of an alternative that attenuates the pressing issue at hand may result in his or her exploitation. Here, we explore how social disorder and the attempts to address it affects the lives of a troubled population of women who live at Safe Haven[1], a shelter in a New England city that receives both private and public funding. The problematic context for social and economic rehabilitative services in the United States guide this analysis of a population of women whose needs represent a myriad of power struggles as a result of their impoverishment and oppression. We recognize the need to explore social order within this setting, and understand that the individuals who are part of a social group shape its social order through their common, habitual cultural practices (Frank 1944). As such, this ethnography focuses on the power structure of an individual social service institution.

Moreover, we suggest the applicability of this discussion to our wider knowledge of welfare state inequality. This study aims to inform institutional policy by addressing the following two research questions: 1) How might staff members maintain social order among their relationships with the clients? And 2) how might the staff-client relationship, in reference to the maintenance of social order, inform our macro level understanding of power within oppressed populations? By evaluating the relationship between staff members and clients at this shelter, we enhance our knowledge of the complexity of the power structure and the way in which clients may experience an unequal power structure in an institutional setting.

Holzer's (2011) analysis of the maintenance of order in Ghanaian refugee camps occupied by Liberian citizens and under the auspices of transnational administrative care-giving from the United Nations High Commissioner for Refugees (UNHCR) offers a framework for our discussion of the maintenance of order in a US shelter setting. Daily affairs in a refugee camp are often unpredictable and subject to conflict as individuals compete for scarce resources. For example, Holzer observed protests over the mechanisms of repatriation for Liberian refugees hoping to return to Liberia following its civil war. She ultimately found that "multiple fragmented sovereignties" (Holzer 2011: 28) complicated the relationship between the ruled and the rulers in this postcolonial context that is set up to protect the refugees. Holzer's recognition of the difficulty of seeing rights violations in care-giving contexts provides a framework upon which we can build in our analysis of the dynamics of homeless shelter settings in which there is also a triadic relationship between the ruled (those seeking assistance), the rulers (the staff members with direct contact to the occupants), and the overseeing powers (the funders and lead administrators). This model enables us to understand the ways in which one human right (the right to

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housing) may affect and be affected by other human rights (the right to dignity, the right to freedom from racism, the right to freedom from gendered discrimination, etc.). How do the features of hierarchical institutions purporting to address human rights (here, the right to housing) affect the environment of social control and social order that encourage clients to submit to authority?

POWER AND THE MAINTENANCE OF SOCIAL ORDER

*Social Order in Total Institutions*

Shelters are not unlike total institutions (Goffman 1961). In Goffman's study, he underscored broad similarities with other involuntary living arrangements such as prisons. The total institution is "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman 1961:xiii). Mental institutions and prisons confine individuals due to a demonstrated need for rehabilitation as a result of mental disabilities, or a criminal past. Goffman's extension of this model to analyze more voluntary settings such as the military academy or private boarding school is comparable to the setting of a homeless shelter, where the residents are not legally bound to remain within the shelter, but must submit to the rules of the institution in order to access its services.

In the total institution, the individual experiences a loss of privacy and self-determination through a lack of comfortable living conditions. Upon entrance to the total institution setting, the individual must divulge personal information to the staff members to facilitate staff members' awareness of past history. The loss of privacy accompanies the absence of familiar household indulgences. Goffman found that, "there are certain bodily comforts significant to the individual that tend to be lost upon entrance into a total institution-for example, a soft bed or quietness at night" (Goffman 1961:44). The patient or client is aware that she is not home; she is temporarily residing in a public facility and is subject to the existing conditions.

In this same light, Goffman took note of "curtailments of the self" and "self-mortification" that characterize the total institution. In reference to these matters, the individual may be assigned to clean toilets, for example, or the staff members may regulate matters of appearance; such practices may result in personal humiliation and a loss of integrity. The need to formally request items for hygienic purposes or permission to carry out particular bodily functions in the context of the total institution depicts the staff members' assault on the residents' "economy of action" and childlike similitude (Goffman 1961:46). Staff members facilitate social order and introduce discipline by enforcing rules that regulate the bodily functions of clients and pose physical

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restraints (Foucault 1977). In sum, the total institution creates a homogenous environment based on egalitarian mechanisms of social control that compromise individual freedoms and rights.

Shelters conform to the defining criteria of a total institution. With regard to Safe Haven, a lack of privacy and "curtailment of self" mean that staff members have open access to a client's bedroom and may search it if they should suspect illegal or forbidden substances such as drugs, candles, or incense.[2] Furthermore, all external visitors must be announced and can only visit in designated public areas of the institution. In terms of a client's activities outside of the shelter, clients must log in and log out of the shelter by signing a notebook that documents their reasoning for leaving the shelter. Private time is difficult to come by because there are frequent scheduled mandatory meetings where clients are encouraged to speak about their efforts to remedy the situations in their lives that have brought them to the shelter. Staff members monitor clients' personal matters with regard to the availability of toilet paper or feminine products. Also, food must be consumed at designated times and places posing limits on clients' access to redeeming their food stamps. This is because of staff members' concerns that food items in rooms may attract rodents.

Recognizing that uniformity establishes order (Goffman 1961; Mennerick 1974), staff members often implement stereotypes in their dealings with clients as a way of fostering order. While Goffman focused on the way in which conceptions of clients as immoral or unworthy often frame the gaze of staff members, Mennerick theorized on the utility of social typologies in establishing order in chaotic environments. He revealed a technique for establishing social order that presents a coping mechanism for staff members that may limit client agency that is reminiscent of the total institution. Thus, by standardizing the treatment of clients through assigned tasks, physical regulations, and typologies, staff members maintain order through the construction of a power hierarchy that places clients at the base of this structure, a structure that can affect the rights of clients even as they are accessing much-needed housing.

*Rules and Social Order*

In addition to uniformity and its role in organizing the institutional structure, it is necessary to consider the role of rules in establishing social order. Scholars suggest that compassion may characterize rule compliance (Holden 1997; Freeman 2003; Koyama 2006). For example, Holzer (2011: 18) found that the Ghanaian refugee camp authorities viewed surveillance and enforcement of rule compliance as part of their responsibilities:

when one of the protest organizers was railing against

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the perceived unfairness of a UNHCR official who criticized the protesters, she said (paraphrased): You know you have a group of people you are taking care of, your duty is to come and find out what happened. Her criticism is premised on the belief that the UNHCR was taking care of refugees; it also showcases an important nuance of this schema: care-giving carries obligations; in being cared for, one does not surrender all independent thought to an authority figure but rather defers with the expectation that authorities will act as good parents.

One mechanism of enforcement of rule compliance is the establishment of an interpersonal relationship between clients and staff members. Freeman's (2003) analysis of rule compliance within a women's prison indicates that the social distance that we could equate to a hierarchical power structure does not necessarily lead to prisoners' agreement with the rules of the institution. Freeman suggested that prisoners, who have established social bonds with the guards, are more likely to follow the rules of the institution for fear of damaging their relationship with the guards: "Inmates who perceive an officer as wanting a personal, informal relationship might be more disposed to obeying the rules because they do not want to lose the good will of that officer" (Freeman 2003:202). The introduction of the emotional bonds of a relationship solidifies rule compliance.

However, although the ostensible goal of rule enforcement and compliance is to establish order to facilitate deliverance of aid to clients, Holzer (2011: 28) found otherwise:

> these subjective processes were only partially grounded in the structural dimensions of humanitarian crises, but this incomplete grounding made these subjective processes no less concrete in their consequences for humanitarian conflicts. As a consequence of this bifurcation, national authorities who control people through the threat of harm now stood apart from transnational authorities who control people through the promise to protect life.

The mechanism of interpersonal relationships involved in rule compliance can also be seen in Koyama's (2006) analysis of the paternalistic nature of the shelter system in the United States. She underscored the element of empathy by recognizing the benefit of having former victims in supervisory staff roles as opposed to the employment of academically qualified women of elite backgrounds for directly related roles of involvement with the clients of the facility. Such

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understandings demonstrate a need for egalitarianism and humanity as a component of the interaction within this staff-client relationship that is characterized by power inequality. Holden's (1997) ethnography of volunteers in a shelter setting parallels this call to limit social distance, as a result of class differentials, as a way of establishing a connection with the clients that may lead to rule compliance. She recognizes that rules serve as a barrier in maintaining equality because they elucidate a power imbalance; she also recognizes the role of identity work in fostering volunteers who can successfully implement the rules of the institution.

Understanding the staff members' and clients' relationship to rules is thus a key component to understanding the dynamics of individual institutional power structures. Power structure research, primarily through the lens of gender and race studies theorists, informs this understanding and explains why the social disorder of the shelter persists and helps elucidate the contradiction between addressing human rights gaps while simultaneously compromising human rights.

*The Gendered State: An Intersectional Analysis of Power*

Central to the discussion of women's relationship to the state is Connell's (1987) analysis of the dimensions of the gendered state that reinforces hegemonic masculinity, including its role as 1) a 'neutral' arbiter that privileges men's interests over women's interests, 2) as a regulatory apparatus, 3) as a participant in pursuit of class-based matters, and 4) as a patriarchal institution. Gilheany (1998) extended Connell's emphasis on the patriarchal authority of the state structure to reveal an inextricable connection to the perpetuation of hegemonic masculinity in the state's use of social control over women (see also Pateman 1988; Walby 1989; MacKinnon 2005).

While these studies focused on the gendered state, others have noted how gendering and racism may intersect in the welfare state. For example, Mink (1995), Neubeck and Cazenave (2001), and Neubeck (2006) underscored how welfare state dependency is largely contingent on racialization because of institutional barriers that undoubtedly elevated white women's opportunities. Furthermore, Neubeck and Cazenave (2001) and Schram (2000) showed how stereotypes characterize individuals' attitudes toward welfare and exaggerate the economic depravity of African Americans in the United States. Historical evidence shows that whites and African Americans have equally sought welfare assistance. In particular, Neubeck and Cazenave (2001) argued that a white supremacist viewpoint regarding the elevated economic status of white Americans and the *welfare queen* image of the African American woman typify the racial attitudes of white politicians in matters of welfare reform. In sum, welfare racism is a mechanism of state social control that reinforces the privileges of the historically white power elite and facilitates ongoing oppression.

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Neubeck (2006) expanded this notion of welfare racism in his analysis of the state's violations of the economic human rights of women, people of color, and those who are impoverished, demonstrating an unequivocal sense of social control that the state uses in its relationship with impoverished and marginalized citizens. Both Neubeck (2006) and Naples (1991) suggested that limitations on social welfare policies place female victims of domestic abuse in precarious situations in choosing between transitioning to a life of poverty and remaining in abusive relationships. Taken together, these analyses frame an understanding of the state's relationship to women in general, and women of color in particular, with regard to the power structure and suggest a parallel construction in the power structures of shelters where the maintenance of social order affects the realization of human rights for clients of the shelter. We explore these relationships, structures, and dynamics in a shelter in the United States and examine how they compare to those in total institutions and in refugee camps. How do the power structures and dynamics of the shelter affect the ability of clients to secure their human rights?

METHODOLOGICAL CONSIDERATIONS

*Institutional Ethnography*

Institutional ethnographies have the capacity to bridge gaps in understanding in both local and global contexts. Smith (1990:6) argued that the insider's standpoint holds significant merit in terms of knowledge production and analysis: ". . . [the insider's standpoint] addresses from within the actual work of coordination, the on-going co-ordering that brings into being, that *is*, the social." Smith's institutional ethnography approach requires maintenance of awareness of the researcher's privileged role as an ethnographer (see also Stacey 1988; Naples and Sachs 2000). One strategy of mitigating the researcher's power in this research was to provide assistance where necessary to the clients and staff members by participating in the events taking place at Safe Haven (Sanders 1998) and by respecting the histories and anonymity of the people at Safe Haven.

*The Setting*

Safe Haven transitional living facility is part of the Sacred Heart Housing and Shelter program. Women who live in this facility are making the transition from living situations that are primarily characterized by a combination of abusive relationships, homelessness, and substance abuse to self-sufficient lifestyles in which they can establish a sense of independence and stability. The building, which formerly functioned as a Catholic church, has enough beds for forty-eight single adults. There is enough space to house thirty men and

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eighteen women in this building; no children are permitted to reside here. Thirty men, who live on the second and third floors of the building, are part of the two-year transitional living program and pay two hundred and fifty dollars a month in rent. Eighteen women live on the fourth floor. Of this female population, ten women live in the facility through the two-year transitional living program and pay two hundred and fifty dollars a month in rent; eight women are part of a three-month-long residential program and are not required to pay rent. In addition, the program recently introduced a respite component in which women may stay at the shelter for up to a month based on short-term needs.

Charity Place, located in the basement of Safe Haven, provides a soup kitchen, medical clinic, employment center, and second-hand clothing area for residents and members of the community. The transitional residents eat their meals on the first floor where there is a kitchen that is separate from Charity Place. In the basement, caseworkers have offices in an open public area where they are available to assist individuals who are in need of housing and other basic needs. Frequently, during morning visits to Safe Haven, long lines of at least ten to fifteen people formed outside to enter Charity Place for breakfast. Overall, this building has a high volume of traffic each day due to the many services that the Sacred Heart Housing and Shelter provides to the community.

*Access Through Staff Members*

The contact person for initial access to the facility was Richard, an African American man in his mid-to-late thirties who oversees the residential programming at Safe Haven. Richard holds a bachelor's degree in psychology from a state university. He is married and has two young daughters. As the primary gatekeeper for admittance, he supervises the residential programs, is responsible for submitting reports to the New England State regarding funding matters, holds bi-weekly wellness and life skill groups for the residents, and conducts intake interviews with new residents. Richard introduced Rachel, the day shift caseworker on the women's floor. Rachel reports to Richard and supervisors above Richard including Corinne, an African American woman in her mid-to-late thirties. Corinne does not come to the women's floor very often and remains in her office for administrative duties.

Rachel is an African American woman in her forties. She lives in an urban setting and relies on the public transit system for transportation by bus to get to work each day. Rachel does not have a college education and has worked in service-oriented jobs, in food service and telecommunications, in the past. Rachel is divorced and has a daughter who is a senior in high school; her daughter lives with her mother. Rachel is on the Section 8 waiting list for housing, has medical needs that she cannot afford to pay for, and extensive credit card debt. She

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plans to start coursework toward an associate's degree in the near future once she takes care of some of her debt and sets aside some free time to focus on her studies.

Rachel is the key informant in this setting. She confides when she is frustrated with the administration, faces conflicts with the clients, and often cries openly when we are in her office to vent her frustrations. Rachel leads the morning group meetings and has a variety of responsibilities including the administering of medication, developing goal plans with clients, and performing ad hoc tasks such as bringing breakfast to an ill client who could not take her medication on an empty stomach. Rachel introduced the researcher to the residents as an intern, to be treated as a staff member while at Safe Haven.

*Client Population*

A wide diversity of women lived at Safe Haven: women of color and white women; women who are not married, and may or may not have children who live elsewhere; suffer from addictions and/or emotional disorders; have criminal records and have served time in jail; are victims of domestic violence and have been the perpetrators of domestic violence; are HIV/AIDS positive; have severe tooth decay and are missing most of their teeth; are undergoing methadone treatments; have jobs and are jobless; are pregnant; continue to use and sell drugs; are not US citizens. Some require state aid for health-related matters; call for further housing needs following program completion; and seek state support for cash assistance and food stamps. Overall, these women suffer from a number of setbacks in their lives that prevent their fluid reentry into society outside of the shelter. Women move in and out of the shelter on an ongoing basis as new opportunities for housing may arise and as administrators may require their dismissal as a result of intolerable rule infractions, such as missing curfew repeatedly, leaving without signing out, and using drugs. Over the course of the ten months of fieldwork, the researcher encountered a cycle of women moving from shelter to shelter or from a shelter to a family member's house or jail before arriving at Safe Haven.

In January, Chantal, a woman from the Democratic Republic of the Congo, arrived at the facility. She does not fall into the aforementioned criteria of the institution with regard to addiction and emotional disorders but she does exhibit financial need and so she qualifies to stay in the facility. Chantal is a victim of rape, torture and other human rights violations at the hands of the police of the Democratic Republic of the Congo. Chantal was fortunate that the United States granted her request for asylum status. Taking Chantal to another social service institution for meetings provided opportunities to speak with her outside of the institution; so did the occasional phone conversation, made necessary by the fact that she is now employed by a

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fast food restaurant and is frequently absent from the facility during morning visits.

Yvette joined Chantal and the other residents later in the spring. Yvette, from Cape Verde, is not a US citizen; however, she is eligible to work in this country. The arrivals of Chantal and Yvette have added to the complexity of the staff members' workloads in the sense that there are language barriers and new laws to follow with regard to eligibility for social services in addition to other cultural obstacles that staff members are learning to negotiate.

Prior to January, the majority of researcher interactions with clients took place during the morning group sessions. Since then, interactions with clients took place in Rachel's office; Rachel invited the researcher to witness her private meetings with clients. During these meetings, she assisted clients with bureaucratic paperwork matters for housing, medical assistance, and job-related affairs, helped clients to set goals for their recovery, and listened to clients' problems regarding interpersonal conflicts within the facility to advise them accordingly. Follow up discussions with Rachel when the residents were not present enriched our understanding of clients' life experiences and facilitated conversations with Rachel about institutional matters.

OBSERVATIONS OF SOCIAL DISORDER

Clients receive rulebooks at their intake meetings with Richard when they first arrive at Safe Haven. Clients never sign a document stating that they will comply with these rules. Staff members simply present the rules to them; consequently, if a client were to question her removal from the facility based on a rule infraction, Safe Haven would not be legally able to support its decision. Rachel confided her uneasiness regarding this institutional weakness. She shared a document that she created outlining the rules of Safe Haven and stated that she asked Richard to circulate this document for administrative approval. Rachel and Richard occasionally shared conversations regarding her attempts to have the management agree to these rules; however, Richard said that Rachel should not worry and that the clients would never question the rules. In the next two sections that focus on rules, we explore how the institutional lack of support for a clearly-defined document that outlines all rules of the facility, as they pertain to staff members and clients, creates an environment in which staff member contradictions delegitimize the rules based on their own noncompliance with institutional rules and the introduction of inconsistent guidelines. This lack of clarity also enhances random opportunities to compromise the rights of clients.

*Legitimacy of Rules*

Human rights administrators such as those at Safe Haven maintain organizational missions that parallel UDHR principles of providing "protection to the vulnerable, the weak, and the dependent in order for them to live lives with some human dignity" (Turner 2008:11). However, at the level of programmatic implementation, staff members make decisions that specify how the vulnerable, weak, and dependent inhabitants of the shelter experience these rules that are not uniformly enforced. Rules are designed to impose social order and are mechanisms of social control, which can themselves, erode clients' rights; however, inconsistent enforcement leads to the arbitrary imposition of social control. The haphazard implementation of rules introduces a question of whose rights are compromised and when. In general, the need for the resources the shelter provides makes the clients vulnerable to a loss of self-determination and empowerment; but the arbitrary compliance and enforcement of rules means that the providers now have power to advantage some and disadvantage others, itself a violation of human rights regarding the equality of treatment and nondiscrimination.

Safe Haven staff members instruct all of the clients not to bring food outside of the kitchen and dining area and to come to all mandatory meetings. A sign above the garbage can in Rachel's office indicates that no food is to go in the trashcan. There have been ongoing problems regarding rodents and other pests within the facility. This rule promotes respect for clients' human rights to sanitary living conditions.[3] Safe Haven struggles to meet reputable standards of health and sanitation with regard to the living conditions of this setting. Rachel reported a traumatic experience of having unintentionally killed a rat one day down in the kitchen: she inadvertently stepped on the rat with her Timberland boot and killed it. Other residents have reported seeing rats on the couches of the women's lounge on the fourth floor and have had teeth marks in their Tupperware boxes full of cereal that they store in their rooms.

Staff members and clients often disregard this food policy that is meant to promote the human right to adequate housing that does not pose sanitary or safety concerns. On one visit to the facility in October, Richard clearly had a container of Kit Kat chocolate bars and Starburst candies on the table in his office that he ate during interviews. In addition, a bag of Newman's Ginger-Os sat on the refrigerator in his office. A few months later, Richard was encountered in the stairwell with a cheeseburger and french fries from the kitchen; he was bringing the plate of aromatic fried and greasy food back to his office on the second floor. Richard devoured his french fries as he talked with the researcher on the way up the stairs.

Rachel also disregards this rule regarding food: she brings juice and bottles of Coca Cola with her to the office. On one visit, she had a box of chocolate chip cookies sitting on her desk. Furthermore, the new

staff member for the evening shift, Jeannette, openly disobeyed the rules. Field notes reveal researcher frustration with the staff member noncompliance of the rule regarding food:

> Before Jeannette and Rachel packed up to leave, Jeannette ate a bag of popcorn and put the trash from it in the garbage can where there was a sign above saying – No Food in Trash Can - what's the point? What's the point of rules here? No one follows them anyway (Field Notes, April 23, 2010).

Subsequently, clients also openly disregard the policy regarding food in their rooms and throughout the building. While it appears that the institution mandates social order by having meals down on the first floor, residents bring food upstairs to their rooms and purchase food with their food stamps for consumption in their private rooms. Danielle, a resident who is now employed as a licensed private nurse, ate a bag of freshly popped popcorn one morning while waiting for Rachel to arrive to the morning group meeting. Kernels dropped on the floor as she ate; she picked them up as they fell, placing them on the coffee table. On another occasion, Chantal ate a granola bar in Rachel's office while waiting to make a phone call with Rachel. Rachel did not address Chantal's granola bar breakfast as she was focusing on the phone call that she was helping Chantal to make. If clients openly eat in the presence of staff members, the staff members' efforts to establish social order surrounding this rule are unsuccessful. Furthermore, staff members do not equivocally reinforce the rules of the institution, and this creates an environment in which Article 1 of the UDHR guaranteeing the human right to equality and dignity and Article 2 of the UDHR ensuring freedom from distinction in terms of an individual's rights realization (Article 2) are violated.

Staff members also contribute to the lack of social order through their open disregard for the institutional rules regarding attendance. Staff member tardiness contributes to the ineffective maintenance of social order and the legitimacy of rules. Rachel was often late in reporting to work. Ms. Cooper, a schizophrenic African American woman who no longer lives in the facility because she threatened a staff member, would become physically anxious and stressed in response to Rachel's tardy arrivals. On one occasion, after waiting for over forty minutes, Stevie, another client, reported that Rachel had told her the day before that she would not be coming to work on that particular day. By that time, Ms. Cooper had already left to make her pressing phone calls.

Later, Stevie called downstairs to the front desk, from her cell phone, and asked for the receptionist to send someone up for the clients to be able to take their medication. Subsequently, Richard came up to the

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fourth floor and logged the administration of medication for the residents. Prior to Ms. Cooper's departure from the women's lounge, she complained that Rachel is often late and that it was becoming problematic. Overall, late arrivals to the facility undermine the institutional schedule. Clients, as it is evident through Stevie's ability to summon a staff member to report to the fourth floor to administer medication, exercise their agency in contributing to the maintenance of social order within this institution.

Breakdowns in rule compliance compromised the social order, as did lax adherence to routines. Morning group meetings became infrequent over time. Morning group meetings provide the opportunity for clients to talk about their experiences in recovery in relation to the daily meditation from the book, *Each Day a New Beginning: Daily Meditation for Women* (2001) by Karen Casey. At the conclusion of these meetings, everyone stands in a circle and holds hands reciting the Serenity Prayer.[4] These meetings provide a structured environment for the women to engage in conversation and to share their experiences that may or may not overlap due to their diverse social circumstances.

A lack of morning group meetings is associated with Rachel's tardiness, new responsibilities that require her to administer medication to the clients at times, and a lack of client attendance. On one occasion, Rachel called the group to order by walking through the halls and announcing that it was time to meet; however, no one came to the women's lounge. Rachel wrote up all of the clients on the floor for not attending this morning group meeting. Writing up all the clients on this occasion is not equal enforcement of the rules because it is possible that some of the clients who happened to have legitimate excuses for missing the meeting that day were protected from the write up despite the fact that they might have been frequent no-shows at meetings in the past. We acknowledge that those women who chose not to leave their rooms to attend the meeting were exercising their 'weapons of the weak.' In other words, clients exercised what little power they had by registering their grievance in passive aggressive acts of civil disobedience. It is highly plausible that the clients' lack of attendance at the morning meeting was related to Rachel's frequent tardiness at meetings. In this instance, the clients are effectively seizing their rights to self-determination that derives from guarantees of Article 22 of the UDHR that focuses on human dignity issues in relationship to social security matters.[5] When staff members uphold the rules on such an unpredictable and random basis, they undermine the legitimacy of the institutional rules and further compromise clients' rights. When Rachel misses meetings that are supposed to serve as supportive group discussions for clients, there are no consequences; however, when the clients miss meetings, they may face arbitrary administrative actions that could very well lead to their expulsion from the facility. Here, it is evident that clients' human rights

to dignity and equality of rule enforcement are lost in the midst of social disorder at Safe Haven.

*Variation of the Rules*

Staff members at Safe Haven often contradict each other. This happened, for example, in situations involving the rule regarding the restriction of outside guests. Staff members have also communicated conflicting advice with regard to a mandatory evacuation of the facility for a pest control problem. A lack of communication among staff members and differing viewpoints regarding the needs associated with the maintenance of social order contribute to this inconsistency. And the overall inconsistent enforcement of the rule undermines the clients' sense of equal rights and fairness.

For example, Rachel sympathizes with Chantal's circumstances: Chantal is a former political prisoner from the Democratic Republic of the Congo and has no family in the United States. Chantal has a friend from the shelter where she was living prior to her living at Safe Haven and has asked Rachel if she could have this woman visit her in the downstairs dining area, something that is supposed to be forbidden. Rachel indicated that Chantal could have visitors from time to time after receiving Richard's approval. Yet Richard's supervisor Corinne scolded Chantal for having an outside visitor in the dining area. Chantal was upset because of the way Corinne treated her. Rachel does not think that the same rules should apply to Chantal because she does not demonstrate the same sorts of needs as the majority of the clients: she does not suffer from emotional disorders and is not a recovering addict. Later Chantal asked the researcher who was more senior, Corinne or Richard. The researcher told her that it appeared that Corinne was more senior, but that the researcher was not completely certain. It is apparent that the variations of the rules lead to a dysfunctional atmosphere in which staff members' actions prevent social order.

On another occasion, a lack of social order and ensuing chaos in the mandatory evacuation for chemical pest removal became apparent. Police were on the front lawn getting ready to take Ms. Cooper away to the hospital because she threatened a staff member due to her lapse in taking her medication. No staff members were outside with Ms. Cooper; she was on her own, talking to the police officers. Meanwhile, inside the facility were signs throughout the hall corridors indicating that everyone had to evacuate the facility by 10:00 a.m. on Thursday, March 25. Rachel apologized for not calling the researcher to cancel the day's observations because of the evacuation. Rachel and another staff member, Patrick, an African American man who works on the maintenance and facilities crew, walked into Rachel's office, slumped down in the chair, and complained that everything was so disorganized. He said that if he had been in charge, everyone would have already vacated the facility. Rachel

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indicated that problematic guidelines regarding times of evacuation and instructions for cleaning sheets and other clothing items had changed by the hour the Wednesday before.

Clients and staff members clearly neglected to follow the rules, which led to inconsistency among staff members in the application and enforcement of the rules and instructions of the institution. Consequently, these actions delegitimized and undermined the rules and authority of the institution. Rules and unenforceable codes of conduct feign social order in this institution, create confusion, and impede clients' ability to secure their right to justice and equal treatment.

*Analysis of Social Order*

The above accounts demonstrate the dysfunctional nature of the staff-client relationship and indicate that rules simulate social order within this heterogeneous client population. Both staff members and clients disrespect the rules; rule infractions and misguidance pertaining to daily living rituals involving eating, meeting attendance, visitations, and the communication of institutional mandates to address the significant pest issue indicate the chaotic living and working experience at Safe Haven. Confusion associated with staff members' efforts to control clients through arbitrary rule enforcement mirrors Holzer's (2011: 28) "multiple fragmented sovereignties" that complicate this relationship between staff members and clients. Social order within the total institution stems from the way in which staff members and clients interact in a hierarchical dimension in which the clients submit to the power of those in authoritative roles. While such a domineering environment in which the client or inmate experiences an extreme loss of agency appears to be a cruel and inhumane living space, certain aspects of Goffman's (1961) analysis of the total institution with respect to client adherence to institutional standards denote frames for structuring an organization that seeks to prepare clients to lead productive lives outside of the institution. Freeman's (2003) notion that social distance facilitates a cooperative environment suggests that the staff members at Safe Haven would benefit in addressing the inadequacy of their social order maintenance by adopting a more consistent approach to client interaction by treating clients equally and respecting the rules of the institution.

Furthermore, Freeman's (2003) work suggests that staff members would contribute to the social order of this environment by decreasing social distance and thereby facilitate rule compliance, by being consistent in upholding the hierarchical dimension of the staff-client role differential, and by fostering community through positive interpersonal relations (see also Holden 1997). When clients see staff members arguing and not following rules, they mirror these interpersonal repertoires, and the inequalities subsequently fostered undermine clients' rights to equal and civil treatment. Consequentially, client responses to

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this disorder perpetuate the intersections of the gendered state dimension that reinforces hegemonic masculinity (Connell 1987) and racialized barriers to move beyond welfare state dependency (Mink 1995; Neubeck and Cazenave 2001; Neubeck 2006). For example, a woman of color who is forced to leave because of noncompliance with rules that are insufficiently regulated confronts a gendered and racialized power structure within the institutional setting of Safe Haven that parallels the overall state power structure that disadvantages this marginalized population.

At Safe Haven, staff members perpetuate inequality and disrupt the social order through their noncompliance with rules. Staff members demonstrated their disrespect toward the clients, by eating food within the facility that subsequently contributes to the rodent problem, and arriving late for work that hinders clients from accessing their medication and following through with their daily routines. Staff members' actions thus further marginalize the female clients and reinforce a power differential that characterizes the gendered and racialized power structure that institutionally disadvantages women and people of historically marginalized racial backgrounds. In reference to earlier discussions on the gendered and racialized state, this imbalance violates the clients' rights in the institution in a way that mirrors wider institutionalized and societal inequality. This model reflects the triadic pattern that Holzer (2011) identified in which the interaction between the ruled (those seeking assistance), the rulers (the staff members with direct contact to the occupants or clients), and the overseeing powers (the funders and lead administrators) affects the full realization of rights to housing, freedom from racism, and freedom from gender discrimination.

As Davis (2005) and Sudbury (2006) note, women who challenge the patriarchal confines of their domestic lives of violence confront a prison-industrial complex that largely inhibits the social progress of women of color and violates their human rights by forcing them to live by dehumanizing and unequal standards. Moreover, Sudbury (2006) recognizes the role of state intervention in women's affairs: "Anne Worrall argues that when women are not being disciplined by male family members, the state steps in, in the guise of social workers, psychiatrists, and the judiciary, to supervise and punish women who 'offend' gendered norms" (Sudbury 2006:17). Both Sudbury and Davis depict the state as contributing to a form of social control that is gendered, racialized, and in violation of human rights. They call attention to the reality that women of color are often the victims of multiple forms of exploitation both in the public and private sectors. The women clients at Safe Haven, who face multiple forms of oppression, are in dire need of financial, health-related, emotional, and other social support services, which forces them to submit to dehumanizing institutional rules and social controls as a condition of accessing much-needed aid. Overall,

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they require structure that is both predictable and fair. Inconsistent rules lack legitimacy in this environment and parallel larger systemic inequality of the power structure. Furthermore, the inefficacy of this shelter in facilitating social order perpetuates a cycle of client reliance on the state and mirrors social inequality (Sudbury 2005; 2006). However, it is also clear from this research, as well as Holzer's (2011) work, that even when social controls and institutional rules are consistently enforced, they contradictorily undermine the agency and the rights of the clients. Humanitarian aid that comes packaged in authoritarian imposition of social controls risks depriving those being served of their basic human rights.

CONCLUSION

This analysis identifies the centrality of the incompetence of rules and an incoherent power structure as defining features of staff-client interactions around issues of social order maintenance in the institutional site of the shelter. Structure and order promote egalitarianism within institutional settings. An absence of staff respect for rules promotes client noncompliance with rules and creates a setting of chaos and dysfunction in which the staff members, whose work mirrors the goals of the organization, do not facilitate a path toward the realization of the institutional goals. This social disorder parallels the inequality of the gendered, racialized, and classed power structure in which those with higher status often maintain the privilege of enforcing rules on an inconsistent basis by granting immunity to those who may not be from marginalized backgrounds. Systemically, the women of Safe Haven represent a diversity of problems that contribute to their need to live within this institution. The ability of providers to recognize the differences that make each woman's experience unique is a key element to being able to service this population. Yet, staff members' practices in blatantly picking and choosing specific rules to differentially enforce in interactions with individual clients creates a disordered social setting.

On the other hand, as this research and Holzer's (2011) research suggest, even consistent enforcement and implementation of social control mechanisms and rules governing behavior within the organization can still be dehumanizing, robbing clients of their human rights. Humanitarian institutional organizations that are hierarchically organized with authoritarian imposition of rules and social control mechanisms can deprive clients of agency and human rights, even as these rules and mechanisms are ostensibly designed to help the clients, simply because they are imposed from authorities who have the power to define worthiness or unworthiness of much-needed aid.

Furthermore, this article considers the relationship between the gendered state and the individuals who work in the service sector to aid women who face multiple forms of oppression. Naples (1991) argues

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that women volunteers and paid women employees in the service of marginalized populations have given women agency in the context of the state and leadership positions. Naples suggests further understanding of the way in which the viewpoints of female employees interact within the state context that may disparage women's agency. Consequently, there are future opportunities for research that look at the intersectional framework for these state encounters.

Our analysis suggests that it is necessary to consider the ways in which scholars, social service providers, and marginalized populations can coalesce to develop strategies of providing access to much-needed social, economic, and political resources without compounding existing social injustices and deprivation of human rights. It is imperative that we dismantle a cycle of disorder in which the larger inequalities of society may reappear within some of the organizations that seek to empower marginalized populations.

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**Endnotes**

[1] All names associated with the field site are pseudonyms to respect the privacy of the staff members and the residents.

[2] Candles and incense were forbidden because of the fire hazard that they presented. On one occasion, a woman was forced to leave because she was found burning incense in her room.

[3] Overfelt and Brunsma (2008) and Katuna (2011) remind us that while UN special rapporteurs on adequate housing (including Miloon Kothari in 2001, Raquel Rolnik in 2008) have spoken out on this need to endorse this UDHR principle of the right to adequate housing, the United States lags behind in terms of its state acknowledgement and fulfillment of this right. The US government has shown support for the International Covenant on Economic, Social and Cultural Rights (ICESCR); however, the US has failed to ratify the ICESCR.

[4] "God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference." For an image, go to: http://learningfc2.com/images/SerenityPrayer2.gif.

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[5] Article 22 of the UDHR states, "Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality."

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