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# Psychosocial interventions and children's rights:

# Beyond clinical discourse

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## Abstract

There has been a significant increase in psychosocial interventions in the aftermath of ethno-political violence. Rwanda after genocide received sustained psychological attention and this paper critically examines the contribution of psychosocial interventions to the broader development agenda of reconstruction and rehabilitation. We undertake a brief psychologically informed analysis of the factors that contributed to genocide as a means of outlining the political and cultural context in which psychosocial interventions operate. During the violence, ethnicity was politically mobilised, communities polarised, social networks fragmented. An analysis of psychosocial interventions for children highlights that programmes have not examined implications of social power and status before reintegration and community based psychosocial interventions have been slow to develop. An examination of how psychological knowledge has been utilised in post-genocide re-constructive efforts shows that 'trauma' has been a dominant discourse. We explore the potential impact of a narrow focus on victims and survivors on societal rehabilitation, and reflect on the implications of how 'trauma' may be appropriated and politicised as a symbol of genocide and political legitimacy. This leads to reflection on groups that have been marginalised from psychosocial support and the potential implications of this. The paper concludes with an analysis of what a rights framework can contribute to psychosocial interventions in linking psychosocial work more centrally to broader political and development analysis.

## *Psychosocial Interventions and Children's Rights: Beyond clinical discourse*

As a discipline, psychology is struggling to articulate its contribution to policy and practice in international post-conflict emergency and social reconstruction contexts (Mays et al., 1998). Increasingly, psychologists work alongside local and international development professionals in implementing strategies to address the impact of political violence on children, their families and communities. Key child oriented policy documents on children in war such as the Graça Machel Report on the Impact of Armed Conflict on Children and the report of the International Save the Children Alliance Working Group on Children affected by Armed Conflict and Displacement have made explicit reference to the obligations of State parties and non government organizations to support the psychological recovery and social reintegration of children after war (Okorodudu, 1998).

The Machel study has established the UN Convention on the Rights of the Child as the guiding framework for policy and practice with respect to children in conflict and post conflict situations. The Convention arguably offers a holistic framework for situating the development of psychosocial programs in post emergency contexts (Wessells, 1997), yet a child rights framework has been marginal within psychology until recently (Murphy-Berman et al., 1996; Reichenberg & Freidman, 1996). Psychologists working with different cultural and ethnic groups are often challenged about their assumptions and practices; similarly those who work in non western conflict situations find themselves challenged to position psychological analyses among non psychological discourses drawn from human rights, political analysis, and development. Working in this multi-disciplinary environment challenges psychologists to examine and define their voice in the complex political, socio-cultural and rights oriented arena of humanitarian assistance.

Compared to other post-conflict contexts, the dominant narrative around Rwanda has been a psychological one. Rwanda, in the aftermath of genocide, was targeted almost immediately for psychologically informed programs to address perceived widespread trauma (Summerfield,1999). According to Smith (1998), Rwanda, after genocide, continues to be "deeply troubled" (p 751) and argues the need for widespread "social therapy" within a psychocultural framework. He argues children in particular may have been most psychologically affected by violence witnessed and experienced, and quotes the conclusions of Geltman & Stover (1997) that in psychiatric interviews, "Our findings suggest that many Rwandan children have suffered inordinate and in some cases, irreparable physical and psychological damage…. if these children cannot reach some form of reconciliation with the violence they have experienced, many may turn to maladaptive and violent behavior"(p29, Geltman & Stover, in Smith, 199, p 752).

This article presents a critique of clinicalized approaches to psychosocial intervention in non-Western settings and argues for a rights-based approach, linking psychosocial assistance with political and economic reconstruction. We will do so by exploring the challenges of developing psychosocial responses for children in Rwanda in the aftermath of ethno-political violence. It aims to describe the types of responses that were developed, and to reflect on what has been the contribution of psychosocial programs. The analysis examines the positioning of the Convention on the Rights of the Child in psychosocial policy and practice. The discussion explores the contribution of integrating a psychological and a rights perspective more closely in post-conflict reconstruction in Rwanda

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**A psychological analysis of the Rwandan genocide**

Before attempting to understand the contribution of psychosocial programs for children in Rwanda, it is important to understand the local context in which intervention operates. The

historical roots of the genocide are contentious. Some accounts maintain that under Belgian rule, pre-existing social and class differentiation was mobilized by the colonial powers to form a construction of Hutu and Tutsi as separate racial groups. Tutsi were constructed as an Hamitic people, nobles, superior to Bantu farmers, and accorded political dominance (Uvin, 1998). With independence and the 1959 social revolution, power was violently switched from the Tutsi to the hands of the Hutus From 1961 to 1964, Tutsi refugees launched guerrilla assaults from Rwanda's borders. Mass internal killings of Tutsi followed. In 1973, Habyarimana, whose power based was northern and Hutu, came to power and his subsequent assassination in April 1994 sparked the beginning of the genocide (Omaar, 1994).

Arguably, the Rwandan genocide presents some unique characteristics. One of the most distinguishing features of the Rwandan genocide is the massive involvement of the civilian population, including youth. About one out of eight individuals was killed, and 75% of the Tutsi population living in Rwanda were massacred. Even children were the direct targets of the ethnically directed violence, in which radio broadcasts urged the killing of children as well as adults (African Rights, 1995). It is estimated that approximately 300,000 children were killed during the genocide (Government of Rwanda/UNICEF 1997). Youth were also targeted for recruitment into the ideology of Hutu power. The pre-genocide regime required everybody, including infants, to belong to the MRND, the party of the President (Smith, 1998). At the beginning of the 1990s, youth wings were formed in the newly established parties. By 1991, President Habyarimana had provided military training to the youths of his party. At the time of the genocide, 60% of the Rwandan population was younger than 20 (Human Rights Watch, 1999). Children and youth constitute an important section of civilian population involved as victim, witness and perpetrators in the genocide. Gupta (1996) reported that 95.5% of 3,030 children said that they witnessed violence, 70% witnessed killings or wounding, 62% were threatened with death, 90.6% thought they were

going to die, 58% witnessed killing or wounding with a machete, 82.5% watched destruction of houses, and 87.5% saw corpses or body parts.

To achieve such a level of destruction, the participation of many individuals was obtained. Factors such as severe material deprivation, structural adjustment, and the displacement of one million people after the 1990 Tutsi-led RPA invasion were influential (Collins, 1998). Yet what psycho-cultural factors contributed to high civilian involvement in the genocide? Smith (1998) has attempted to place the psychological explanation of the genocide within the socio-political context of Rwandan pre-genocide. He argues that before the genocide, "the Rwandan rulers suffered an acute legitimacy crisis, which they choose to resolve by genocide, and that the roots of this crisis lie in Rwandan culture, not only at the state level but also within families and communities" (p 744). In the context of historical class-exacerbated ethnic tensions, mounting political dissent, economic pressures and the promotion of official anti-Tutsi hate propaganda, he argued patrilineal family structures and authoritarian child rearing practices facilitated a culture of hierarchical obedience to authority figures. Political manipulation of ethnic hatred in this hierarchical culture facilitated killings (Prunier, 1999). Communications between the central Government and the rural population took place through the radio, in which peasant-centered terms, with familiar and positive connotation, were used to legitimize the work of genocide. The word *umuganda* (collective work) was used instead of killing, "tools" instead of weapons, and "pulling out the roots of the bad weeds" for the murder of Tutsi women and children (Human Rights Watch,1999; Prunier, 1999). Nkurunziza, a lawyer interviewed by Gourevitch (1998) said: "Conformity is very deep, very developed here. In Rwandan history, everyone obeys authority. People revere power, and there isn't enough education. The peasants, who were paid or forced to kill, were looking up to people of higher socio-economic standing to see how to behave. And in Rwanda, an order can be given very quietly." (p. 23).

This cultural notion of obedience and conformity as explanatory of genocide is widespread (Prunier, 1995, p 141; Omaar, 1994, p 4), but not uncritically accepted. Uvin (1998) rejects the "obedience" hypothesis and argues that Rwandan culture, like some others, values the "non expression of disagreement" which is not the same as obedience (p 215). Collins (1998) also questions the description of the genocide as been caused by obedience, and says that "by mid 1994, Rwanda was firmly caricatured as a nation of zombies whose murderous activities were directed by a psychopathic leadership" (p 10). Staub (1989, 2000) in a psycho-cultural analysis of genocide, offers another way of thinking about this. He argues that, in contexts of difficult life conditions, there can be a scape-goating of 'other', in which mass killings become possible because of a shared cultural trajectory in which the motivation for destruction develops both in leaders and followers in a relationship of participation and not coercion. In the Rwandan context, where social power is dealt with secretly e.g. *akazu* (inner political circle, family) and is not necessarily verbalized (Rukebesha, 1985), this facilitated genocide to occur (Uvin, 1998).

Thus, explaining the roots of genocide in culture as opposed to the more conventional frameworks of politics, ethnicity and socio-political power is contested, but it serves to focus attention on the relationship between discourses of culture and power. With respect to Rwanda, the development community has been external to this analysis. Uvin (1998) has written passionately that, where aid has been (and continues to be) responsible for as much as 80% of the total investment budget of the government; aid is *"at the same time, external to the political processes that causes the genocide and constituent of them"* (p 228; italics in original). Fundamentally, his thesis is aid contributed to top down development, creating power and status imbalances. This resulted in psychological disenfranchisement, infantalization, frustration and anger among large sections of the population, contributing to genocide. International psycho-cultural explanations of genocide have tended to suffer from a similar cultural blindspot and to be unreflective of the position and power of the

development community in local socio-political dynamics. The authors here argue that, post-genocide, analysts have to address this by examining the relationship of external interventions, including psychosocial interventions, with local processes.

Psychosocial issues are clearly embedded in post-genocide reconstruction and rehabilitation. The key issues facing Rwandan society are not only the rehabilitation of political and economic structures, implementing justice and reconciliation programs, but also supporting the development and re-emergence of civil society and social relations. At the level of civil society, social networks have been destroyed. In the years following the genocide, there have been massive transitions within communities through the fleeing of over 2 million refugees, the return of nearly 1 million Tutsis from exile, the forced massive repatriation of 1 million refugees, and imprisonment of over 100,000 individuals, mainly men, accused of genocide. Within communities, social relations are fundamentally altered. Female headed families account for one third of households, compared to a quarter in pre-genocide times and 40,000 children live in child headed households (World Vision, 1998). In focus group discussions examining support networks post genocide, elders said "there is no more fellowship between people". This was traced to the politics of the late 1950's and 1960's and increasing ethnic discrimination. They differentiated the genocide of 1994 from previous waves of violence by saying "in the conflict in the late 1950's, people bravely hid their threatened neighbors with their herds. …But the one of 1994 crashed the heads of the elderly, and bad and innocent people were killed alike". Post-genocide, elders identified barriers to collective supportive relationships such as poverty, land grabbing, jealousy over land, and the reconstitution of families through remarriage. Economic pressures stemming from the absorption of vulnerable extended family members into family units, the "difficult" behavior of those returning from exile, and tension between families of accusers and alleged perpetuators of genocide were also factors (Veale, 2000). In communities, tensions and differences are not voiced, and Government discourses emphasize national and social unity.

Psycho-social programs have sought to intervene in this complex environment. In the psychosocial field, there is a debate as to whether psychological interventions in post-conflict contexts can often represent a de-contextualised response to the destruction of social fabric (Summerfield, 1999) or are a valuable solution for addressing the needs of affected populations (Agger, 1995). The next section on psychosocial interventions for children in Rwanda attempts to contribute to this debate.

**Psycho-social interventions for children in Rwanda**

As a response to the perceived needs of the country, a number of psychological interventions for children were implemented in the years following the genocide. During a one-day seminar on psycho-social interventions sponsored by UNICEF and involving representatives of Rwandan and foreign organizations, a definition of psycho-social interventions was attempted. The agreed definition arrived at was that psycho-social interventions are "all actions that contribute to the human balance in relation to oneself and society" (UNICEF, 1998, p. 1). This social relational definition can be contrasted with Ager's (1997) more mechanistic classification of post-war interventions which conceptualizes four levels of intervention: minimal disruption of intact protective influences (e.g rituals, existing links), re-establishment of protective influences (e.g family reunification), provision of compensatory support (e.g. new families) and targeted therapeutic interventions.

In Rwanda, the establishment of unaccompanied children's centers was the most visible intervention for children, referred to by Bracken & Petty (1998) as the "institutional juggernaut"(p 151). Pre-1994, there were 37 orphanages catering for about 4,800 children. In April, 1995, there were 77 centers hosting 12,704 children; in November 1998, there were 38 centers for 5,343 children. By 2000, 5,300 children remained in centers, and this figure is close to pre-genocide levels (Donà et al., in press).

While unaccompanied children's centers were the most visible intervention, the single biggest initiative was tracing, reunification and fostering. Within Rwanda, 70,000 children were formally reunified or fostered, many but not all through unaccompanied children's centers. This does not include the numbers of unregistered children spontaneously fostered within communities. It is estimated a total of 120,000 children live in foster families (UN 2000). Other formal initiatives included the community reintegration of minors in prison, establishment of Government centers offering family reunification for street children, solidarity camps for youth re-education, and the establishment of the *Kadogo* school for reintegration of child soldiers.

Interventions to strengthen existing protective structures have included the development of community based support structures such as the technical and financial support of local associations and the establishment of 'social development committees'. Work with community associations has generally been regarded as community development rather than psychosocial initiatives however. Capacity enhancement of existing structures has been done through psychosocial training for social workers in Social Ministries, and training of trauma counselors in hospitals and schools, vocational training and income generation projects.

However the dominant application of psychological knowledge has been with respect to trauma alleviation. High profile psychotherapeutic interventions and clinical work with children were implemented at the National Trauma Center (re-named Psycho-social Center in 1999), the Ndera Psychiatric Hospital, and by a number of non-governmental organizations in which Rwandan 'trauma counselors' were trained by foreign consultants.

The question addressed here is how have psychosocial programs 'fitted' in the context of addressing the psychosocial roots of genocide and the reconstruction of Rwanda? How do psychosocial interventions relate with broader political, cultural and social dimensions of Rwandan society post-genocide?

**A critical analysis of psychosocial interventions**

In Rwanda, the large numbers of children moved from children's centers to community settings through reunification and fostering is regarded as a key indicator of success. This was achieved in the face of enormous economic, logistical and psychological challenges for tracing organizations and receiving communities. Recently however, community concerns about the maltreatment and labor abuse of reunified and fostered children forces questions about assumptions inherent in reunification and fostering practice (Donà et al, 2001; Veale et al., 2001). Reunification as an automatic re-establishment of protective influences (Ager, 1997) assumes notions about the capacity, cohesiveness and receptivity of the extended family to take responsibility for the reunified child. In Rwanda, due to large scale killings, children were frequently reunified to distant or unfamiliar extended family members. These assumptions could not be made. Some agencies undertook individual follow up visits with children regarded as vulnerable but the majority viewed reunification as the end of a process rather than one phase of it. Furthermore, in spite of calls in the literature for a move away from individualistic paradigms for working with children and families in the aftermath of conflict, deviations from an individual caseload approach was rare and only one organization attempted community based support of reintegrated children and families. The simple act of physically reunifying children has been questioned by some agencies who say that reunified numbers are more important than the quality of reunification (Cantwell, 1997). Similar concerns have been raised by Tolfree (1995), who writes that the vast majority of children in developing countries who are unable to live with their own families are absorbed, "often unquestionably" (p 5) within their extended families or wider community networks.

This leads us to ask, how are reunified and fostered children positioned with respect to the family and community in Rwanda? In Rwandan communities, no reference is made to western distinctions between 'reunification' or 'fostering'. The distinction that is made is that between 'the child of the family' and the child 'not of the family' or the orphan child. *Ndi Imfubyi* is the Kinyarwanda phrase used to mean a child without parents. The term used to have positive associations and before the genocide it had connotations of 'children without parents to whom one must offer affection and care'. However, after the genocide and war, the term has come to be associated to the reasons why children became orphans and hence less positive associations – 'children who have lost the pleasure of a good life and who do not have the same luck as other children'. Orphan children are also believed to be 'difficult'. A Rwandan proverb states *Umwana w"undi abishya inkonda* - A child of somebody else is difficult/a child of somebody else is not like one's own (Dion, 1971). Fostered children and many reunified children are often described as orphans, a label that does not go away after placement. Children can even occupy contradictory positions; for example in Rwanda, an uncle may regard a reunified child as his own but the child's status among peers in the community may be as an orphan. The same child may feel loved by his or her Uncle at one moment, but when punished, feel he or she is not 'a child of the family' (Veale et al., 2001). It has also been used to justify differential treatment such as in the case of two fostered girls who explained that they do not study 'because they are orphans' (Donà et al, in press). Psychological knowledge in reunification and fostering has tended not to ask about local beliefs and practices while leaving unquestioned assumptions about the status of reintegrated children compared to other children in the family and community.

There has also been a dearth of local beliefs with respect to therapeutic targeted interventions. The mandate of the National Trauma Center was to contribute to national capacity building…in the trauma problems issued by the genocide in 1994 through outpatient

clinical services to severely traumatized children, adults and families, community education and research on the effects of war/genocide trauma (Government of Rwanda/UNICEF, 1997). This fails to incorporate local understandings of illness and health. Rwandans, for example, believe causes of illness are poisoning and the caprice of ancestral spirits (*abazimu*) for which there is an illness with the same name (*abazimu*) (Rwangabo, 1993). This hints at locating understandings of mental health in an historical, collective analysis as opposed to internal and individualistic accounts typical of western psychology (Summerfield, 1999). For example, impunity for past violence has been cited as a causal factor of genocide (Uvin, 1998), and could be regarded as closely linked to "the caprice of ancestral spirits".

Other local beliefs also offer insight into complex social relations in communities. One such dynamic is the silencing of dissent and a top down pressure for national unity. Dion (1971) in his collection of Rwandan sayings has a proverb that goes "I throw a stone in the water and while pursuing it, I lose sight of it"; he comments that the stone refers to deep troubles that do not appear on the surface. Another proverb says "The deeper the trouble the more difficult it is to bring it to surface". This captures one of the main dynamics in communities post-genocide, the difficulty of voicing issues of frayed social relations, radicalized ethnic identity, distrust and "no more fellowship between people". Social power continues to be silent and ignored, caught in the discourses of "unity". A focus on "the trauma problems" of "severely traumatized children, adults and families" means these issues are left unchallenged.

Deeper questions exist however on how psychological knowledge has been positioned in Rwandan post-genocide re-constructive efforts. The Rwandan genocide has become fundamentally a story of individual and societal trauma. Given overwhelming events, Rwanda has not generally been narrated as a political story. This is different from South Africa, where the dominant narrative has been one of truth and reconciliation, or with

the Israelis and Palestinian conflict which is portrayed as an ideological struggle where the role of ideology has been explicitly addressed in psychosocial analysis (Punamaki, 1996). Such conflicts and interventions are informed by an explicit political narrative. This has been absent in Rwanda, and the issues have been framed in terms of the impact on people's psychological functioning and 'what they have been through'. In Rwanda, the issues have been framed in terms of the psychological impact of the genocide on communities in general, and on women and children in particular (Corish, 2000).

A gender bias in the delivery of psychological interventions may have political implications that is worthy of further analysis. In general, it is women and children, not adolescent boys and men, that have benefited from psychsocial trauma programs in Rwanda. Trauma counseling implemented by one non-government organization reached 950 clients, the very vast majority of whom were women. An evaluation of a trauma counseling program "to provide outpatient clinical services to severely traumatized children, adults and their families" which reached 600 clients reported 10 clients were men (Government of Rwanda/UNICEF 1997). Post-conflict psychosocial discourse frequently defines victimhood and vulnerability in ways that tend to exclude men (Corish, 2000). The invisibility of men in psychosocial discourse in Rwanda is both as victims and as perpetuators of genocide. Of a prison population (excluding *cachots*) of 92,742 , 96.6 % are men, and 88% of the prison population are charged with genocide. It is not known how male perpetrators make sense of their actions; the question is unexamined but some accounts indicate it may be through denial, rationalization and intellectualization (Gourevitch, 1998). Greater psychological intervention should be focused on adolescent males and men.

**Implications of the trauma model**

'Trauma' therefore has been a dominant psychological discourse in Rwanda. While trauma programs have been critiqued for being marginal and apolitical (Summerfield, 1999),

trauma intervention in Rwanda have been central, both politically and structurally. The National Trauma Center was overseen by an inter-ministerial committee composed of representatives of various Ministries, and it is currently managed within the Ministry of Health. While arguably 'trauma' may have been a Western model imposed on a non-Western context (Summerfield, 1999), trauma quickly became appropriated within a dominant political narrative (but without political reflection). Without demeaning the psychological impact of what people experienced during the killings of 1994, trauma has arguably become a political symbol to bolster the legitimacy of the current political power system. Trauma approaches sit comfortably with the dominant narrative of genocide, victim and survivor, widows and orphans, and the political consolidation of this as the Rwandan identity in international circles. It sits less comfortably with the more difficult agenda of voicing divisions, challenging ethnic fear and hatred and the hard reality of a presently silent and unvoiced position of the perpetrators of violence. Arguably, trauma approaches, in the absence of an analysis of their political embeddedness, identify with and perpetuate a narrative that does not necessarily promote unity, reintegration and reconciliation. A focus on genocide survivors has rendered some categories of vulnerable children invisible. To the debate as to whether psychological interventions represent a de-contextualised response or a valuable tool, we would like to add a third dimension; psychological interventions, in the absence of political reflection, may represent a detrimental response to the social well-being of post-conflict countries.

There has been widespread awareness of child orphaned by genocide as child headed households. Yet there has been little non-government organization or community support for the thousands of children effectively in child headed households as a result of having a parent (usually the father) in detention on charges of genocide and the other parent dead. Likewise, there has been huge political advocacy for the re-establishment of family ties for the thousands of children that have been in unaccompanied children's centers. Yet

there has been no advocacy for the children of the 90,000 detained parents who have the obligation of taking food to the prison but no contact is allowed, thus this relationship has effectively ceased to function. In the narrative structure of the victims and survivor, there has been no calls for psychosocial programs for the children of genocidaries, to help them make constructive sense of their experiences, to address their position as "other" in a reverse ethnically-based political order, and fundamentally to tackle some of the roots of ethnic identity, social divisions and political exclusion that fuelled the violence in the first place.

We could go further to argue that there is a risk that the trauma discourse is also used to silence the political voice of survivors by presenting an image of the survivor in need of medical individualized attention as opposed to political (rights perspective) awareness. One survivor said that there is greater interest for the bones of the victims of genocide (to be displayed as a reminder of the genocide) than for the flesh (meaning the survivors).

So far, we have described and presented some inherent risks in conducting psychological work in post-conflict contexts. If psychological work is to have a positive impact for the well-being not only of individuals (it has been estimated by the Government of Rwanda/Unicef 1997 evaluation of the Trauma Center that the beneficiaries of the National Trauma Center represented less than 0.1% of those in need) but of Rwandan society, then which directions should it take? In the following section, we discuss the potential contribution and limitations of adopting a child right's focus in psychosocial intervention with children in Rwanda.

**Role of the Convention on the Rights of the Child**

Does an international child rights perspective have a contribution to make as a conceptual framework for situating psychosocial policy and programs in post conflict contexts? In the analysis of psychosocial programs in Rwanda, we have identified a number of limitations.

This includes a lack of attention to local understanding of the cultural position of orphan children, a focus on the child rather than on communities as mediators of support to children as the primary unit of intervention. We raised concerns about the use of psychological discourses about children as innocent traumatized victims to legitimate power for a sector of the population, and a related risk to marginalize vulnerable groups of children that fall outside a dominant 'victim' narrative. The Convention on the Rights of the Child has the potential to provide a framework to redress some of these limitations, while itself being challenged.

Rwanda ratified the Convention on the Rights of the Child in 1990. There is some tensions between principles of the Convention and the positioning of the child in Rwandan culture. The Convention has been criticized for its conceptual basis in a Western philosophy of individualism and globalization of ideas about childhood that originate in modern Western society (Dawes & Cairns, 1999). Certainly, in traditional Rwandan society, the family and extended kinship system rather than the individual is the primary unit of social organization. Therefore, the identity of the child is expressed with reference to the collective rather than as inherent in the individual where, in the Rwandan Legal Code, children are positioned as having reciprocal responsibilities and obligations in social relations (Demascène, 1999). However in Rwanda, where many children have been catapulted out of their family and community contexts, the Convention can serve as a framework guiding child protection policy and programs. UNICEF, for example, has adopted the Convention as a primary policy and programming tool.

In the aftermath of genocide, psychosocial programs were developed to address a perceived need for special psychological intervention. Psychology as a discipline tends to focus on needs rather than rights. The Convention, with its roots in political and legal discourses, asserts that children have a right to psychological recovery and reintegration in

the aftermath of conflict (Article 39). There are tensions between needs versus rights discourses. An analysis in terms of needs serves to bolster Western models of children as vulnerable, dependent, and in need of protection and support (Burman, 1996). In PTSD models, a focus on individual needs has been argued to victimize and pathologise individual "sufferers" (Summerfield, 1999). A rights analysis asserts children as citizens with entitlements and obliges state parties to address these. While psychological needs are perceived to have their locus in the internal psychological world of the child, a rights focus makes psychological rights indivisible from economic, political, social and cultural rights (Reichenberg & Friedman, 1996). Furthermore, a rights perspective challenges the power balance between the professional psychosocial worker and the child. By stressing entitlement rather than vulnerability, it moves the relationship from traditional roles of helper and helped inherent in a needs perspective, to a facilitative role in which the professional is obligated to support the child and ensure his or her active participation (CRC: Art. 12/13). Support, in a rights framework, implies moving beyond internal psychological functioning to addressing social, cultural, economic and political structures that prevent the achievement of children's entitlements.

Power and status unequally affect children in post-conflict situations (Boyden, 2001). There are power inequalities among children's positions in society that are not chronological but locally specified, and as such, are neglected in global instruments such as the Convention. In Rwanda, we have seen that the target group of psychosocial programs has been consistent with the dominant narrative of victim and survivor. Social power is also tied up with 'winners' and 'losers'. In Rwanda, children of 'losers' such as those in child headed households because parents are in prison have been rendered invisible. Even within family contexts, power and status is linked to opportunity and resources, and not all children have equal status, as Rwandan proverbs on the orphan child attest to. Literature on the impact of conflict on children generally takes a voice of moral neutrality. Children are perceived to be

part of an 'innocent' civilian population, and psychosocial intervention is reported in apolitical terms. However, we have seen that in Rwanda, intervention cannot be situated outside a political discourse. Article 2 of the Convention on the Rights of the Child is on non-discrimination and asserts that all rights apply to each child without exception. Firstly, this calls for attention to local and cultural patterns of power and status in families and communities, so that subtle yet powerful inequalities do not pass unnoticed. Secondly, by focusing on all children "regardless of parent or legal guardian's ..political or other opinion, national, ethnic or social origin", this could move psychosocial programs beyond the dualistic and self-perpetuating divide in Rwandan communities.

The adoption of the Convention as a guiding tool would give more legitimacy to the work of psychologists not mainly as counselors or psychosocial practitioners but as political advocates in discourses about intervention, development and post-conflict re-construction. Psychologists have begun to play a role in the emerging arena of reconciliation work. Social reconciliation in the Rwandan context relies on outsiders' interventions that work towards the achievement of mutual trust within a humanitarian framework (Staub, 2000) while the government approach is a top-down approach of unity and the denial of differences. Bar-Tal (2000) argues psychologists have a role to play in identifying the psychological elements of reconciliation such as mutual trust and acceptance, co-operation and a consideration of mutual needs. Yet is there a danger that 'reconciliation and unity' is being used for political purposes, as 'trauma' arguably is, while a silence remains around issues of power, structural violence and deprivation (Uvin, 1998). A rights analysis can provide a tool for linking a psychological with a political analysis.

**Conclusion**

This article has analyzed psychosocial responses for children in Rwanda in the aftermath of ethno-political violence, and it has attempted to situate psychosocial work within the wider

political and social context. The analysis of the psychosocial interventions in Rwanda has highlighted that in general, psychosocial programs have conformed to the dominant narrative of addressing the victims and survivors of genocide and not reached deeper to address the root causes of genocide. We raised concerns about the use of psychological discourses about children as innocent traumatized victims to legitimize power for a sector of the population, and a related risk to marginalize vulnerable groups of children in the population that fall outside a dominant 'victim' narrative. There has been an unreflective focus on women and children, rather than men and adolescent boys, who arguably are more politically threatening. Interventions have been unreflective of local knowledge and understanding.

The Convention on the Rights of the Child challenges child oriented psychosocial interventions to move from a needs to a rights based analysis, and it provides a framework for psychologists to articulate the contribution of psychologically informed analysis in the arena of humanitarian assistance. More challenging, it forces psychologists to situate their own knowledge in a broader economic, social cultural, and political perspective.

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