

# Surviving the War, Surviving the Peace:

*Supporting Women Survivors of War-Rape and Domestic Violence in  
Medica Zenica*

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## *Abstract*

### **Surviving the War, Surviving the Peace: *Supporting Women Survivors of War-Rape and Domestic Violence in Medica Zenica***

My research sought to examine the transition from war to post-war services provided in a women's non-governmental organization, Medica Zenica, located in central Bosnia-Herzegovina. Opened in 1993, in the midst of the war in Bosnia, Medica Zenica began providing support for war-rape survivors. Today, more than ten years after the war ended, Medica Zenica is still running, but the majority of clients are now survivors of domestic violence.

By interviewing women currently and previously employed in Medica Zenica, I pieced together a picture of how Medica has evolved in the last fifteen years, as well as how these evolutions are seen as a reflection of changing society in Bosnia. Women in Medica tended to suggest societal connections between war-trauma and post-war violence, on the level of economic, political, and individual psychological processes. A few women also suggested ways in which the psychological processes of women who work in Medica have influenced Medica's evolution over the years.

Engaging with literature previously written about Medica Zenica, as well as larger debates about the nature of war-rape and its impact on society, I have formed a picture of the gradual transition of Medica Zenica since the end of the war in Bosnia, and addressed the ways in which that process has been an asset and a difficulty for Medica Zenica, particularly with regard to fundraising efforts.

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## *Introduction*

I first heard about Medica Zenica in January 2008, over coffee in a sunny kitchen in Zagreb, Croatia. During two months I spent studying in Zagreb before beginning my research in Bosnia, I lived as a guest with one of Medica's former therapists, Ivana<sup>1</sup>, who has since moved to Croatia. Beginning that first afternoon together, as I threw out big and uninformed questions about Bosnia and the wars and Medica and domestic violence, Ivana patiently explained to me aspects of the history, struggles, and triumphs of Medica over coffee and long dinners throughout those two months which we came to refer to as our "kitchen lectures." This informal course of lectures and discussions provided me with an invaluable education about Medica. These months with Ivana gave me the background with which I arrived in the city of Zenica, Bosnia-Herzegovina, two months later, full of thoughts and ideas and ready to see Medica Zenica for myself.

## *Medica Zenica*

Medica Zenica is a women's non-governmental organization (NGO) founded in 1993, in the midst of the war in Bosnia-Herzegovina (hereafter Bosnia), to provide support for women who survived war-rape. Medica Zenica was organized by Dr. Monika Hauser, a gynecologist and self-declared feminist activist. Monika came to Bosnia in 1992, as stories of systematic mass-rape in Bosnia were making their way into the international media. She came to find local women who wanted to help, and to assess what could best be done for war-rape survivors. The result was Medica Zenica, which

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<sup>1</sup> Except in cases where interviewees' first and last names appear, names used throughout this paper are pseudonyms. Particularly as a foreigner unfamiliar with the nuances of names in Bosnia, I wish to make clear that no inference of nationality or ethnicity should be drawn from the names used here.

opened in April 1993. It began as a shelter and counseling center, and rapidly expanded in the early years, opening a second residence for women and children, as well as a kindergarten for traumatized children, vocational therapy and training workshops, medical services, and a public relations and journalism office. Parallel to Medica Zenica's establishment, Monika Hauser's colleagues in Cologne, Germany, began to establish Medica Cologne, which later became Medica Mondiale, as an international NGO which supported Medica Zenica and later projects, financially and otherwise.<sup>2</sup>

Medica Zenica (hereafter Medica)<sup>3</sup> celebrated its 15<sup>th</sup> birthday in April 2008, as an organization still deeply connected with its war-time mission and philosophy. It is an explicitly feminist organization which serves women and children survivors of violence with holistic support and dignity in an all-female environment. During the war, most of Medica's clients were survivors of war-rape, former inmates in concentration camps, and refugees. In recent years, most of Medica's clients have been survivors of domestic violence, although during my time in Zenica, Medica also housed one survivor of trafficking and a juvenile who had fallen through the legal system and was without support from her family or the government.<sup>4</sup> Work in Medica today also includes vocational training for women within the community, counseling for men and couples, policy advocacy work, and publication of translations and original research findings relevant to Medica's work and mission.

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<sup>2</sup> Hauser, Monika. Telephone interview with the author, 2 May 2008.

<sup>3</sup> For the sake of brevity, Medica Zenica is referred to throughout simply as Medica, as is common within Zenica. Where references are made to other international Medica projects, their full names, such as Medica Mondiale, will be used.

<sup>4</sup> Lejla. Interview with the author, 16 April 2008.

## *My Role as Researcher, Woman, United States Citizen, Student*

My conversations with Ivana, and her perspective, certainly influenced me before arriving. Although I tried to remain open to any conclusions I might find during my research, I was very predisposed to think highly of Medica. Although I wasn't very aware of it before I began working, I realized over time that my previous NGO experiences had a big influence on the way I viewed and thought about Medica. I lived and volunteered in an NGO in Ireland, Camphill Community Ballytobin, for two years, working with children with developmental disabilities. There are certain similarities between Camphill and Medica, most notably the mission of providing respectful and holistic support for marginalized and at-risk populations.

Camphill, however, is a largely non-professional NGO, on principle, and so even as a young, totally unqualified high school graduate, I was able to be deeply involved and useful in life and work there. Medica, however, prides itself on its professional and expert staff, a focus which is understandable and well-founded. This difference had a major impact on my role, however, because I had unconsciously assumed that it would be easy to engage as a volunteer in projects in Medica, as it would be in Camphill. No one arrives at Camphill, as I did in Medica, offering to help in any way – from cleaning floors to editing English texts – and finds at the end of a month that they haven't done any of these things, as I did in Medica. Although I believe that there are ways that Medica could take more advantage of volunteers, for their own benefit if nothing else, I point this out primarily as a reflection of my reaction and feelings toward my time in Medica. It was a new, and sometimes uncomfortable, position to realize that for most of my time in

Medica, with the exception of brief English classes that I taught in the kindergarten, I was not able to be an active contributor to everyday life in Medica.

Aside from the assumptions I brought to Medica, my arrival brought its own set of perceptions and presumptions on the part of Medica women and others in the Zenica community. As a young woman doing research in Medica, I was generally presumed by to be a feminist and someone who agreed with their cause – a rightful presumption, I should note.

Arriving as a guest in a home in Zenica, equipped with the usual technologies of college students in the United States, I felt excessively laden with modernity and electronic equipment, unpacking my computer, iPod, cell phone, digital camera, and digital tape recorder, and all of the cords, batteries and chargers that accompany them. In Bosnia's struggling economy, I was perceived as someone with means and opportunities beyond those of people here. One Bosnian woman, five years older than me, told me that she could imagine me directing an NGO some day, and asked if she could work for me. This was not said as a joke, nor as a particularly strong compliment, but more as a perception that I was more likely to end up in a high level position in Bosnia, or elsewhere, than she.

I felt conscious of myself as an American and as a college student, a position that seemed to carry uncomfortable power and weight. I was frequently asked what I thought about Bosnia and Zenica, but I sensed that this question was asked as a means of gathering factual information about Bosnia more than a question of my tastes. One woman in Medica asked me what I thought of life in Zenica, then added, "You can be honest. We know that we have problems," as though, after two weeks in the country, I

might be in a position to provide a native Bosnian with a thorough evaluation of her country, if only I knew that I could be honest. When I mentioned that I lived in Zagreb for two months before coming to Zenica, some people asked me, again as a question of fact more than preference, whether Croatia is more beautiful than Bosnia. I was also frequently asked what Americans think about Bosnians, and people in Zenica raised the issue of Bosnian terrorists several times, wondering whether people in America think that everyone in Bosnia is a terrorist. The questions asked of me, and the authority that was bestowed on me because of my nationality reflected a categorization process which landed me in a position of authority.

Because I was *not* in a position of authority or power as a researcher, I did not consider myself to be at great risk of unconsciously exploiting the power dynamic that was sometimes created around me. In many small encounters, though, I encountered a significant self-consciousness among Bosnians of what impression I would take back to America. Over coffee one afternoon, a neighbor offered me a handful of walnuts she had picked in her native Banja Luka, which we cracked and ate together. I commented that I enjoyed them, and she asked me if I would be able to bring some home to America, and I soon ended up with a bulging bag of Banja Luka walnuts to be carried to America. This was a reflection of the general generosity and kindness I encountered in Zenica, but there was something particular about the idea that I would be bringing this product of Bosnia back to my home.

Among Medica women, these dynamics tended to be different. Medica has more regular interaction with the international community, and has had many disillusioning and frustrating experiences with journalists, donors, and other outsiders, so the fact that I

was American did not, in and of itself, provide me with any particular status in Medica. I felt more essentialized there as one in a series of foreign volunteers and interns who have been arriving in Medica for years. Medica has encountered previous disappointments and perceived betrayals on the part of volunteers and students who arrived in Medica as I did. Although there have also been very positive experiences with interns, the most recent student caused frustration and was seen as acting with insensitivity to Medica clients. This legacy was a distinct element in my initial presence in Medica, one that I believe made the early part of my time there more difficult. Over time, though, as I became known in Medica as an individual, rather than a member of an anonymous category which was viewed with suspicion, this position felt less present to me.

### *Research Questions and Structure*

After I decided to go to Zenica to conduct a month-long research project in Medica, my kitchen lectures with Ivana became more specific and focused on my goals and expectations while there. I came to Zenica with a plan to research the transition in Medica between its origins as a war-trauma shelter to its current focus on domestic violence. I wanted to know how and why the change had occurred as it did. This research question proved problematic in practice, however, and my question and focus gradually shifted during my time in Zenica. I found, in the course of my interviews, that my questions didn't seem relevant to many women in Medica, because the transition to domestic violence seemed to happen gradually and without any clear strategy. Instead of a clear moment when Medica decided to transfer its focus, Medica women tended to see the evolution as a response to changing needs, not a process of conscious decision-

making. Realizing this, I gradually transferred the focus of my research question toward asking what factors made Medica's transition seem so natural as to have occurred almost without anyone noticing.

My research consisted of fourteen semi-structured interviews conducted between 10 April and 2 May 2008. Five of these interviews were either partially or entirely translated from Bosnian to English with the assistance of a translator. The process of translation was clearly a limitation in these interviews, both because of the changed dynamic added when a translator is present, as well as my use of a non-professional translator, which meant that details and nuances sometimes got lost in these interviews.

All of my interviewees were women who either are, or have been, employed by Medica. My interviewees were connected to Medica through a variety of roles, from executive directors to workshop leaders to nurses and therapists. In addition to this variety of their official positions, most women in Medica are involved in multiple projects across many spheres of focus, and so most interviews stretched well beyond the purview of each woman's formal title.\* Within the scope of my research, I felt that I had a broad and relatively well-balanced spectrum of interviewees. In light of the evolution of my own research question over the course of my research, I wish that I had spoken to more women who were former Medica employees and had an intimate, but outside, perspective on Medica.

Because of requirements set by World Learning, as well as my own sense of responsibility as a researcher, and the wishes of Medica, I did not conduct any interviews

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\* I tried to translate the expression that someone "wears many hats" into Bosnian to an interviewee, as an idiom that seems well-suited to the integrated work done by Medica women. She told me that in Bosnia, though, the kind of hat you wear is still connected with one's affiliation as a soldier from the war. I suppose this would mean that the American expression refers to traitors of some sort. She advised me against trying to bring this particular expression into common Bosnian usage.

with clients of Medica. Knowing this factor from the outset of my research, I focused my research question on a topic that did not depend directly on clients' stories or impressions. I did, however, want to integrate myself as much as possible into life in Medica, and so I often sat with Medica clients, chatting and drinking coffee with them in the shelter. I also spent varying amounts of time as a participant-observer in Medica's vocational workshops, kindergarten, and public relations and documentation office, Infoteka. As I mentioned before, this aspect of my research scope was not as structured, nor as beneficial to Medica, as I had hoped. It did, however, add an important dimension and understanding to my more formal interviews. I developed a practical, as well as nonverbal, sense of Medica through these experiences. In subtle ways that I probably cannot fully realize now, I believe that my research, and personal connection to Medica, was deeply enhanced by this aspect of my research.

### *Academic Context and Background Literature*

In addition to the influences and assumptions that I as an individual brought to Medica, my research and writing exist among many other related writings and studies. Medica itself has published significant literature on their work and methodology, as well as publishing a series of research studies and translations on topics connected to Medica's work. Cynthia Cockburn's book, *Women Organizing for Change*, published by Medica, was a key resource for me as a researcher in a Bosnian NGO. Cockburn writes about the changing and developing of women's NGOs after the end of the war in Bosnia. I also frequently drew upon Cockburn's earlier book, *The Space Between Us*, as a source of background information about Medica itself, as well as a feminist context and analysis of

Medica's work. Both of Cockburn's books look at women's NGOs, including Medica, in a context of post-war organizing.

I also drew heavily, in context and general guidance, on the writings and experiences of Elissa Helms, whose doctoral dissertation, *Gendered Visions of the Bosnian Future*, was based on fieldwork in Medica. Because of the limited time frame of my own research, I also used Helms' extensive literature review to guide me toward relevant background literature. Literature not directly focusing on Medica or women's organizing in Bosnia is cited and discussed throughout this paper, where relevant.

Although the writings of Helms and Cockburn both cover a scope much broader than mine, neither directly addresses the process of transition that I wanted to examine. Any work about Medica today is likely to mention its wartime origins and its present day focus, but neither dwells extensively on this process. Based on other NGO research that I have been involved with elsewhere, I arrived at my Medica research question with the idea that the process of looking back at moments of change might yield insight in the processes and turning points that lie ahead for an institution. This seemed particularly relevant in the case of Medica, which is clearly encountering struggles for survival. As a researcher and a student of history, I wanted to get a clearer picture of Medica's fifteen years' experience in the hope that it might shed light on where Medica is going from here.

There must also be a cluster of literature written by people like me, who come to Medica for limited time with a relatively narrow focus. To my knowledge, this is not collected anywhere, and so I can note only that it would be fascinating to read the

collected impressions and ideas of people who have come, from many fields and with varying motives, to write about Medica back “home”, around the world.

### *A Word About Citations and Methodology*

My research included a combination of formal interviews and informal conversation and observation. In most places where I quote or paraphrase a woman in this text, I have included a citation. When conversations are described without citations, I am referring to notes and memories from informal conversations and chats. Some of these uncited conversations are also written without names or pseudonyms, reflecting conversations with women who I did not otherwise formally interview.

Because this research was conducted primarily through interviews, facts or descriptions which I heard from multiple women in conversations also sometimes appear here without citations. I have sometimes omitted the introduction “many women in Medica said,” because it is implicit in this type of research project.

### *Prelude*

At some point in an early interview in Medica, I asked my “big” question about how the transition occurred in Medica from its focus on war-rape to domestic violence. I was beginning to notice the pattern that this question – although it was the key issue in my mind – didn’t really go anywhere. When verbal language and translation faltered at this point with my interviewee, Tea, a Medica employee, she drew me a simple sketch which illustrated the process. From the root cause of war rape beginning in 1993, she drew lines branching outward across a chronological timeline toward 2008. At the end of these spokes were the consequences which have affected Bosnian society until today, and which are connected to the original trauma of war rape. Incest, domestic violence, legal changes and divorce were some of the consequences on her chart.<sup>5</sup>

With this simple sketch, Tea illustrated to me her perception that Medica’s evolution has been a reflection of these long-term societal trauma consequences. From this illustration, I began to reform my research and interview questions. Most Medica women seemed to implicitly support Tea’s perception that the changes in Medica were a response to much larger changes throughout Bosnia, and that Medica had not made an active decision about this evolution beyond their commitment to support women who arrive at Medica in need.

Where I had initially been asking the question of how Medica “chose” these new areas of focus, Tea’s illustration helped me reformulate my question. I began to focus on how and why these radiating branches grew out of the initial cause of war rape, and the broader trends which to which Medica now responds.

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<sup>5</sup> Tea. Interview with the author, 15 April 2008.

## *Chapter One*

### *After War Does Not Come Peace: Transitions in Post-War Bosnia and the Effects on Women and Children*

In her analysis of post-war women's NGOs in Bosnia, Cynthia Cockburn describes the transition from "war-time" to "peace-time" as less definitive and more complex than it would seem on the political level. This is true, she suggests, particularly for women:

For more non-combatants, including most women, the transition to 'post-war' was perhaps less abrupt [than for combat soldiers] since they continued to face similar challenges to those the war had presented. They were still making decisions about whether to move or to stay put, try to go home or forget home. Their strength was still pitted in a daily struggle for shelter, food and health.<sup>6</sup>

Many of the women I interviewed described phenomenon, often implicitly. Many, like Tea, did not have a clear answer to my initial question about the process of Medica's transition post-war. Almost everyone, however, spoke thoughtfully and at length about changes in Bosnian society as a result of the war, processes of transition begun in wartime which continue until today, and how these transitions affect the lives of women in Zenica. As I came to understand this context, I began to realize that for the women I spoke with, there was never a bright line between when war ended and peace began. One woman explained to me emphatically that, "we are not living in peacetime, we are living in the time of post-war transition."

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<sup>6</sup> Cockburn, Cynthia. *Women Organizing For Change*. (Zenica: Infoteka, 2001) 24.

For these women, the question I came asking, about how Medica made the decision to progress as it has since the signing of the Dayton Agreement in 1995, was best explained by the larger societal influences which affect Medica. In this conceptualization Medica's history, the question of what happened between "war" and "post-war" as two separate chapters did not seem relevant to Medica women the way it did for me. For many women, Medica was described as a "responder" to outside needs, rather than an organization actively strategizing for the future. Other women who did not define Medica explicitly as such seemed to imply this understanding of the organization and its purpose in their explanations of the society in which Medica functions.

Based on its mission to provide for women, and in the context of radically changing economic situations in Zenica since the war, Medica has evolved in an effort to support its clients as they address a constellation of new struggles and changes. Some of these changes are more obviously linked to post-war societies than others, but from the experiences of women who have worked with Medica in the years since the war ended, each of these aspects has seemed a natural progression of services, and a logical outgrowth of the trauma and destruction wrought by the war.

### *Economic Changes*

The dissolution of Yugoslavia and the massive destruction of infrastructure during the war in Bosnia have led to major economic hardship. Zenica's downtown is set against a backdrop of the huge Steel Factory which stretches for several kilometers on the edge of town, now mostly deserted and out of use. I heard mentions that 20,000 workers lost their jobs at the factory as it shrunk during and after the war. Economic crisis and

unemployment were mentioned by several women as war-related factors which continue to cause family struggles and violence today.

Duška Andrić-Ružičić is a Medica woman\* who works in Infoteka, Medica's public relations, documentation and journalism office. She was the only woman I spoke to who spoke directly about connections between socialist economics and the crisis today. She described the struggle for people in Bosnia to adjust to new standards and values after decades of socialism, and the loss that has accompanied that transition. People "don't see that what they're doing has value. Young people don't see for example, they don't see that finishing the school is making a difference, or having good education is making a difference."<sup>7</sup> Although other women did not describe this in the context of post-socialism, I frequently heard this theme that there is no reliable connection between education and professional or financial success, because of economic crisis as well as widespread corruption.

Many women cited unemployment as a consequence of Post-Traumatic Stress Disorder (PTSD) among former soldiers, and unemployment as a major cause of family violence. Others, though, did not dwell on the background causes of the economic situation itself, perhaps because its everyday manifestations are so pressing and urgent. Regardless, there seemed to be a consensus among the women in Medica that economic hardship was connected to the war and had a very strong influence on violence against women.

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\* Employees of Medica tend to refer to themselves collectively as "Medica Women", a term I have adopted here. Since I have not cited any quotations of Medica clients, "Medica woman" is a term used here, as often in Medica, to refer specifically to staff and not clients.

<sup>7</sup> Andrić-Ružičić, Duška. Interview with the author, 21 April 2008.

For Lejla, a Medica therapist, economic crises often entirely overshadow her ability to work as a counselor. Describing a woman who came to Lejla's office after her husband abandoned her in Zenica with two children, without documents, food, or shelter, Lejla said, "She could cry here, she was of course suicidal, she had all kinds of [mental health problems]. But any kind of comfort for a hungry mother who has hungry and sick children here, it's hypocritical. It was just not okay for me. So it was like, priorities have to be set. People have to have money to eat and a place to stay before we can work [therapeutically]." <sup>8</sup> In this situation, addressing the family's desperate economic needs took precedence over work as a therapist for Lejla, who used her time with the woman to arrange meals at a local soup kitchen for the family.

The chronic economic struggles for families are entangled with mental health issues of family members, combat veterans' struggles with PTSD and the expectation of women to withdraw from the family leadership roles they often took over while their husbands were at war. Economic violence and forced economic dependence are increasingly recognized as types of domestic violence. Emira, a former Medica employee, asks, "Can you imagine that you are completely economically dependent about somebody, and he wants to control you completely?" <sup>9</sup> For some women, this economic dependence on violent partners comes in the wake of several years of independence during the war, while their husbands were away. "Women learned to take care of themselves," Emira puts it most simply, "In one moment they have husband

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<sup>8</sup> Lejla. Interview with the author. 16 April 2008.

<sup>9</sup> Emira. Interview with the author, 10 April 2008.

again, husbands with all these problems. Plus big, big economic crisis...Let's be real – economic crisis is a really good place for domestic violence.”<sup>10</sup>

The economic transition from Yugoslav socialism to capitalism, combined with the huge destruction left in the wake of the war, have bred a constellation of financial and interpersonal problems that Medica works to address from many angles. Programs that began during the war as therapeutic workshops in sewing, hairdressing and upholstery have since expanded and formalized their training, now serving as occupational therapy as well as vocational trainings. They are now open not only to clients of Medica, but also to other women from Zenica who hope that the six month course and certificate of completion will help them find jobs in the future. The *majstoricas* of all three workshops report that many of their graduates have succeeded at finding jobs or starting their own businesses. For clients and non-clients alike, these vocational trainings offer participants a step toward economic independence.

Yet even economic independence does not always come without complications, particularly in violent situations where women wish to stay with their partners. Combat veterans in Bosnia tend to feel deeply angry and misused, according to Dijana, another therapist from Medica. They have risked their lives and suffered in defense of a society which now ignores them or pushes them to the margins of society.<sup>11</sup> For such unemployed veterans, a female breadwinner can be a very difficult position to accept. Tea, echoing the words of other women in Medica, spoke of the sense of impotence and inferiority of men who are unemployed and cannot take care of their families. The end result for them can be that “the easier thing for him is to make trouble with family. He

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<sup>10</sup> Emira. Interview with the author, 27 April 2008.

<sup>11</sup> Dijana. Telephone interview with the author. 23 April 2008.

can't do it with the person who won't give him job.”<sup>12</sup> In a separate interview, Duška spoke about precisely this point, adding that anger at society or authorities

“does influence people to be more violent to people that they love the most. Which is normal functioning, psychological functioning. You are mad at your boss, and you come home, the first person you see when you open the door is your own kid. And all these aggression that you actually wanted to give to your boss back in the office you will transfer to your kid.”<sup>13</sup>

The impact of economic crisis and its plethora of manifestations for families is deeply complex. Economic viability for women has to be integrated with counseling, whether women have left violent relationships or choose to remain in families where they will be significant economic providers. Job-training and work issues for men cannot be addressed without an eye to war-trauma and in which ways that may be influencing their job-seeking or family interactions. According to Dijana, many employed wives who provide alone for their husbands and children, “came to the counseling, in the sense, how to act, what sort of behavioral patterns they need to develop to support their husbands, because they don't feel competent, because they feel humiliated, because they are not able to provide for the family.”<sup>14</sup> The economic crisis in Bosnia is perceived as something caused by the war, as well as a situation whose effects magnify other post-war problems of individuals and society.

### *Political and Legal Changes*

On the wall of an office of the Medica shelter hangs a large poster titled, “Government Structures in Bosnia-Herzegovina.” The flowchart illustrates the

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<sup>12</sup> Tea.

<sup>13</sup> Andrić-Ružičić.

<sup>14</sup> Dijana.

governmental organization, divided between the Federation of Bosnia-Herzegovina and Republika Srpska, each position color-coded to indicate the ethnic identity of the politician in that position. Arrows snake through the chart to indicate direct and indirect election and responsibility distribution, and dotted lines jaggedly divide the cantonal and municipal divisions. It is astonishingly complicated. The result of fragile agreements established in the Dayton Accords, this maze of politics and legal responsibility is another factor that has changed dramatically since the war in Bosnia, and an issue intimately connected with Medica's work and the needs it addresses.

My interviewees in Medica seemed to share a sense of frustration with the government, and many described a collective sense of apathy and powerlessness among people who lived for decades, genuinely powerless, in the socialist government structure. During the time of socialism, Dijana explained, when decisions were made in group meetings, everyone voted but everyone understood that they were just voting so that they could leave. There was no ownership of, or engagement with, decisions made.<sup>15</sup> Some of these attitudes seem to have continued through the transition from socialism, to a democratic government that is staggeringly complex and, many feel, corrupt. Lejla illustrated a microcosm of this phenomenon in describing an association of psychologists where she was involved. The organization was trying to standardize the practice of psychologists in Bosnia, but took issue with one of the governmental documents. The others in the society did not see themselves as responsible for ensuring a solution to this problem. "No one would take that responsibility to react," Lejla explained. "There's

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<sup>15</sup> Dijana.

always someone higher...you feel that's too big for you to decide. Because exactly in the last system, it wasn't on the little people to respond.”<sup>16</sup>

The weaving arrows and paths of responsibility on the Bosnian governmental map are a familiar route for Medica women, who try to force responsibility on ministers and officials for whom powerlessness as the “little people” may be deeply ingrained. Lejla describes this circuitous and often fruitless search for responsibility and action on behalf of her clients. “We call it hot potato, from hand to hand...from him to him. And you end up chasing the people to do their job and you get no time to do yours.”<sup>17</sup> The end of the Yugoslav social welfare system and its complicated replacement has meant that Medica employees have had to take on responsibilities as advocates for the implementation of social care and legal policies. Like the economic situation in post-war Bosnia, social and legal changes affect Medica's work on the individual, organizational, and national level. As therapists and employees of Medica, they must, like Lejla, pressure individuals to take responsibility in the cases of individual clients. As a well-recognized NGO, women more involved in the administrative and public relations aspects of Medica must pressure governmental organizations to follow through with their agreements. Amela is deeply involved with policy and administrative work in Medica, and often works in the office where the poster of Bosnia's government hangs. She explained, “They signed a lot of international documents and they also elect some kinds of domestic law, but what really happened in practice? We need to push them to recognize that it is really important.”<sup>18</sup> As a policy advocacy organization, Infoteka lobbies on behalf of new regulations that, if passed, Lejla and others will have to fight to see implemented in practice.

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<sup>16</sup> Lejla.

<sup>17</sup> Ibid.

<sup>18</sup> Amela. Interview with the author. 28 April 2008.

Women in Medica did not seem to have a clear consensus about the quality of the laws regarding family violence in Bosnia, perhaps because in practice they are so obviously flawed. There have been some legal improvements in the last decade, though, advocated for by Medica. In 1998 the legal code regarding rape was changed to include marital rape, where before rape had been defined as a man's forced penetration of a woman with whom he was not married. The gender specifications were also removed in the new code. It was only in 2003, however, that other types of domestic violence were included in the criminal code, and described (at least officially) as a societal problem, and not something private.<sup>19</sup> Restraining orders can be issued, as part of a legal code which is similar to that of the United States, according to Nurka Babović, a therapist and coordinator of the therapy team in Medica. "But it's so slow that people use that law," she adds.<sup>20</sup>

Even if violence survivors do seek to take legal action, the enforcement of restraining orders and other protective measures is erratic. Perpetrators of violence clearly understand the weaknesses of the legal system, and often simply ignore restraining orders or divorce settlements. If a woman is awarded the house in a divorce settlement, for example, often the man "won't get out," Lejla says, continuing, "police can get him out, he will come back and back. And back and back."<sup>21</sup> Eventually the woman might sue her ex-husband, but all told, the process of escaping a violent home situation by legal means may take years, during which time violence against the woman and children is likely to continue or increase.

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<sup>19</sup> Andrić-Ružičić.

<sup>20</sup> Babović, Nurka. Interview with the author. 12 April 2008.

<sup>21</sup> Lejla.

Medica conducts training workshops with professionals, including police officers who asked for education to help them do their job with more sensitivity toward trauma survivors. Since 1999, 767 professionals have been trained throughout Bosnia through Medica's workshops, including police officers, prosecutors, judges, doctors, and social workers.<sup>22</sup> It seems clear that these trainings have had a positive influence on some police officers in Zenica who deal with traumatized women. Some officers have close connections with Medica and are supportive and sensitive to Medica's work and trauma reactions. Lejla sums up the Zenica police force simply: "Some of them are great, some are so-so, but many of them are senseless and rude."<sup>23</sup> While some of the problems of enforcing protective measures such as restraining orders can be blamed on holes within the legal system and framework, there are also problems on the individual level when one of these "senseless and rude" officers answers a call from a traumatized or abused woman. Women described police officers waiting several months to see whether a woman's accusation is serious, based on whether she calls multiple times. This "tactic" is in spite of evidence that women in violent relationships call the police, on average, only after *years* of continuous abuse, according to Dijana. Other times the police officer may be friends with the perpetrator, and arrive at the situation only to warn him. "Like, 'what's up fellows,' or something," according to Lejla, " 'I heard you beat up your wife, don't do that again.' Something so informal and superficial and so...so not appropriate."<sup>24</sup>

The entanglement of legal policy, legal enforcement, individual attitudes, and post-socialist sensibilities challenge Medica to work on many fronts to protect women.

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<sup>22</sup> Andrić-Ružičić.

<sup>23</sup> Lejla.

<sup>24</sup> Ibid.

The domestic violence research conducted by Infoteka in 1999 was published with an introduction noting the many elements which affect domestic violence work today:

“The [professional] respondents referred to a pool of difficulties that they could not separate from one another. Several stated that before the war, the causes of violence were easier to pinpoint; now violent situations exist in a context interwoven with the stress of unemployment or inadequate financial resources, inadequate funding of institutions and therefore a lack of services, and political and social tension. If people in the relationship are tense, the tension may act as a catalyst for a person to decide to commit a violent act.”<sup>25</sup>

Lejla suggested that Medica is one of the few organizations to recognize this “pool of difficulties” and has become known for navigating the maze of government structures and elusive accountability, such that women are sent to Medica if other organizations don’t want to bother.<sup>26</sup> No one else seems willing to contribute to Medica’s task of enforcing responsibility and protection. These complexities and interrelated causes and effects, alongside Medica’s policy of providing services in response to need, mean that Medica’s work continues to be spread across many fields and Medica women often find themselves taking on many roles, often at the expense of their own tasks.

### ***“They Can Bear Too Much”: Attitudes Toward Violence***

In considering the connection between Medica’s work during and after the war, one of the most logical questions is whether domestic violence has increased in Bosnia since the war ended. If statistics indicated that this were clearly the case, then Medica’s transition could be explained and supported by numbers, proving domestic violence as an outgrowth of war trauma. Although it is easy to speculate about this connection, there are

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<sup>25</sup> Peele, Holly and Andrić-Ružičić, Duška, eds. *To Live With(out) Violence*. (Zenica: Infoteka, 1999) 46.

<sup>26</sup> Lejla.

no data regarding family violence in Bosnia before the war. The first formal study of domestic violence in Bosnia was published (by Medica) only in 1999. It is impossible, then, to say whether or not domestic violence is increasing as a result of the war, a point which was emphasized to me by several women. There are, however, certain relevant patterns and changes that were observed by several of my interviewees.

The sheer scale of the war in Bosnia, and the depth of its reach into homes and families, is unfathomable, particularly to me a United States citizen, for whom wars have always taken place far away. For my generation in the U.S., growing up with a voluntary army, war-trauma is largely limited to veterans who have returned from across oceans. The experience of war and war-trauma is dramatically different in Bosnia. While working as a researcher before joining Medica, Lejla conducted a large-scale representative study of Bosnian citizens. Their findings showed that 96% of people in Bosnia have been through a traumatic experience. Of that 96% of the population, more than half met the symptomatic criteria for PTSD.<sup>27</sup> Shortly after citing this staggering statistic, though, Lejla reminds me that these numbers cannot, but also should not, be used as proof of increasing or particularly high violence in Bosnia. “I hate when people say, ‘oh, we had a war here, it’s different.’” she says. “In the history of civilization there’s always a war, it’s always been. ... My God, they had a hundred year war!”<sup>28</sup>

What scales and patterns *can* be used, then, to assess patterns of violence in Bosnia since the war? When the war ended, was it mere coincidence that growing numbers of women were seeking shelter from family violence? What if Medica had opened before the war – what would it have seen?

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<sup>27</sup> Lejla.

<sup>28</sup> Ibid.

One key factor in Bosnia, which existed long before the war, is a deeply rooted sense of patriarchy and tradition. Many women who are now 50 or 60, according to Lejla, “when they were 16 or 20, their mother told them, ‘okay, you’ll get beaten up, it’s normal. Keep quiet, be good, and he will hit you less often.’”<sup>29</sup> The traditional patriarchal Bosnian family was also insular, and secrets were to be kept within the family, meaning that even if a woman recognized violence as a problem, rather than an everyday reality, she would be heavily discouraged from speaking about it outside the family.<sup>30</sup>

Traditional patriarchy also extended toward pre-war attitudes to community rape and sexual assault. Women who survived rape were considered guilty because of the way they dressed or the makeup they wore. Women expressing their sexuality were considered responsible for anything that befell them, according to Lejla. “It’s present in the culture, in most conservative cultures, that when you openly show your sexuality, you have to accept the answer.”<sup>31</sup> An answer which was, most often, deeply aggressive, “open” sexuality on the part of perpetrators. These patriarchal ideals still exist today in Bosnia, of course. Some people still consider rape a crime against honor, and face victims of rape “with suspicion,” according to Duška.<sup>32</sup> Patriarchal traditions, though, are now only one part of the post-war family environment and its effect on women.

The war in Bosnia radically increased the scale of violence present in society. Although there is not a consensus about whether domestic violence has increased statistically during the war, several of the women I spoke with had observed that individuals, and society in general, have an increased tolerance toward violence in all

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<sup>29</sup> Ibid.

<sup>30</sup> Amela.

<sup>31</sup> Lejla.

<sup>32</sup> Andrić-Ružičić.

forms. Having been exposed to trauma and violence during the war, now “they can bear too much,” as Duška puts it.<sup>33</sup> This tolerance is reflected in the violence in children’s play, as well as adults’ attitudes. Lejla describes

“Children are beating each other. Before the war, some grown-ups would come and say something. Now they don’t dare to get involved. Sometimes their parents become very violent to others who get involved, sometimes children become very aggressive toward grown-ups – that respect is now diminished. ... I would say that is directly from the war, directly. Growing up with all that blood and misery and horrible things would make them normally accept blood, normally accept pain, hate, [uncontrolled] behavior.”<sup>34</sup>

Lejla’ description suggests a combination of war-trauma on the part of violent parents, violence as habit regarding adults’ lack of response to children’s fights, and children echoing the violence they have witnessed. Dijana echoes part of this phenomenon, in suggesting the simple equation that children who grow up in violence, in a time when violence is acceptable, will find those patterns deeply engrained in their adult lives.<sup>35</sup> Patterns of violence learned by adults have also seeped into post-war society in Bosnia. Fan violence and anger after football games has become a new outlet for violent impulses, as well as bloody fights among teenagers, both of which Lejla believes are outlets for the violence and anger which is tolerated, and perhaps expected, because of the war.<sup>36</sup>

Although people may be able to tolerate a high degree of violence in Bosnia following the war, many of the women I spoke to emphasized that another byproduct of the war is increased awareness of violence. Multiple women described both phenomena of increased tolerance *and* increased sensitivity to violence, suggesting that they are not

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<sup>33</sup> Ibid.

<sup>34</sup> Lejla.

<sup>35</sup> Dijana.

<sup>36</sup> Lejla.

mutually exclusive responses. Duška, for example, who said that people now can bear too much violence, also described that people in Bosnia, “became very sensitive when it’s about violence, they start talking about that more, because kind of the quantity and quality of violence survived during the war gave more credit to speak about violence in general.”<sup>37</sup>

Of course there are still plenty of people in Zenica, like Lejla’s “rude and senseless” policemen, or some government officials who Amela says simply “don’t want to speak about these problems [of family violence]”, who “want to close their eyes.”<sup>38</sup> And, regardless of how the numbers may have compared to those before the war, domestic violence is clearly a major issue in Bosnia. Roughly a quarter of women surveyed in Medica’s 1999 research reported experiencing domestic violence.<sup>39</sup> In spite of this, though, there are indications that attitudes are changing, and this was almost always attributed to experiences of war, as well as Medica’s work to publicize and expose violence. Just as the habits of violence among perpetrators did not disappear with the signing of the Dayton agreements, so understanding of violence and its consequences also outlasted the war itself.

From the beginning, Medica has used open and blunt language of rape, trauma, sexual abuse, and domestic abuse. During the war Medica used radio as means of recruiting clients, although they did not define themselves as a shelter exclusively for war rape victims, fearing that women might avoid Medica because of the stigma attached to a rape shelter.<sup>40</sup> Although this explicitness must have been a very radical arrival in Zenica

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<sup>37</sup> Andrić-Ružičić.

<sup>38</sup> Amela.

<sup>39</sup> Peele and Andrić-Ružičić, 53.

<sup>40</sup> Dijana.

in 1993, Medica's provisions of desperately needed medical, psychological, shelter and material assistance for all women and children in need seems to have overshadowed ideological misgivings that people in Zenica might otherwise have held toward Medica's feminist agenda. "It was accepted in the community," Dijana says. "It was a sustainable part of humanitarian aid. It was accepted."<sup>41</sup> There have been people, particularly one government minister who was mentioned to me twice, who believed that the end of the war should mean that Medica's work was done, and their space and resources transferred to caring for male veterans.<sup>42</sup> The more common post-war pattern, however, has been Duška's increased sensitivity toward violence, which has been transferred, at least in part, to sensitivity and awareness of domestic and post-war violence.

One criticism of Medica's post-war evolution is its failure to re-focus that public acceptance for work on its post-war goals. As Elissa Helms describes in her doctoral dissertation *Gendered Visions of the Bosnian Future*:

"Everyone knew about Medica and many women came to take advantage of its services, but it was mostly known either as a gynecological facility or a place that 'helped raped women'. Only a handful of people recognized Medica's feminist stance or their advocacy for women's rights and social change."<sup>43</sup>

I spoke with a woman in Zenica who was unaffiliated with Medica but mentioned something about the good work they do when I told her that I was doing research there. I asked her if she had ever been visited Medica. "*Hvala Bog, ne,*" she replied, "Thank God, no," reflecting this image of Medica as a place that one would only go to out of desperation, presumably because of rape or domestic abuse.

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<sup>41</sup> Ibid.

<sup>42</sup> Andrić-Ružičić.

<sup>43</sup> Helms, Elissa. *Gendered Visions of the Bosnian Future*. University of Pittsburgh, 2003. (<http://etd.library.pitt.edu/ETD/available/etd-08212003-114548/>) 183.

Although a group of therapists had joined together to support war-victims half a year before Monika Hauser came to Zenica to organize Medica, the explicitly feminist approach was very much Monika's influence.<sup>44</sup> Although Medica is still among very few NGOs who explicitly declare themselves to be feminist,<sup>45</sup> the profusion of NGOs established during and after the war were often very much influenced by international organizations, particularly women's groups, who brought with them more women-oriented agendas and outspokenly feminist missions than those already established in Bosnia. Dijana once told me that people in Bosnia didn't have to travel the world, because the world came to them. Among the many assets, and problems, the world brought with it to Bosnia, one feature was that of international governments and NGOs who arrived in response to stories of mass-rape in the war and brought with them strong convictions of women's rights and women's movements which were not widely articulated in Bosnia before the war.<sup>46</sup> The scale, publicity and efficiency of rape in the Bosnian war, along with the arrival of feminists and women's activists who responded to the crisis, may have leaped Bosnian collective society forward a great deal in widespread understanding of issues of women and violence. When I asked women whether violence had increased in Bosnia since the war, the almost universal answer was that they did not know statistically, but they did know that awareness violence is more present in awareness and conversation, and its nuances, such as emotional, psychological and economic violence, are increasingly recognized.

Viewed together as a whole, the constellation of changes, influences and reactions in Bosnian society after the war are staggering. Dissected logically, they can also seem

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<sup>44</sup> Dijana.

<sup>45</sup> Helms 116.

<sup>46</sup> Nusreta. Interview with the author. 14 April 2008.

contradictory: how can the quantity and quality of violence experienced during the war be responsible for both heightened sensitivity *and* heightened tolerance toward violence today? There is a tangle of legal changes, economic crises and social development that have given rise to a complicated network of responses and consequences. Although they can be, as I have tried, divided into thematic categories, the reality of these are much more interconnected than my chapter subheadings would suggest. Facing this complexity and small scale illogic, the bigger picture of Bosnian society is a useful frame of reference. Between the death of Yugoslavia and the massive destruction wrought by the war, Bosnian society has been turned on its head. Duška describes this change as a “triple transition:” social, political, and the transition between war and peace.<sup>47</sup> In addition to the losses of the war – material, personal and emotional – Duška adds the loss of a social and political system as a factor affecting Bosnian people. “Suddenly new freedom is here and actually...we lost something, also, but we don’t speak about what we lost. We don’t speak about that. It’s not correct. It’s not politically correct to speak about your losses.”<sup>48</sup>

Another look at the map in the Medica office; the legal mazes Medica women run through daily to support clients; the political irresponsibility that faces them there; the economic struggles which are generally seen to plague anyone working honestly in Bosnia; all combined with trauma reactions among individuals and violence tolerance across society – it is no wonder that there are overlapping and contradictory conceptions of how these 15 years of nationwide transition, unrest and violence have affected Bosnian society.

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<sup>47</sup> Andrić-Ružičić.

<sup>48</sup> Ibid.

## *Chapter Two*

### *“Money Means Power But Also Opportunities to Help Women in Need”:<sup>49</sup>*

#### *Donor Policy and Financial Support for Medica*

##### *Changing Donor Interests*

In the course of more than a dozen personal interviews with Medica women, the issue of funding and donor support inevitably featured significantly in descriptions of Medica today, and the changes that have occurred in the last years. Coming to Medica as I did, with the aim to conduct research but also to support the organization, I often felt that Medica’s tenuous financial situation and the burden that causes Medica women overshadowed any way that I could support Medica in a non-financial way. For its first ten years, Medica was entirely funded and supported by Medica Mondiale, the international NGO founded in Germany to support Monika Hauser’s work in Medica Zenica. Until 2003, nearly all of Medica’s operating expenses were paid by Medica Mondiale. The transition in the last five years toward financial self-sufficiency has had a huge effect on Medica. Medica Mondiale’s process of withdrawing from Bosnia in order to direct its money toward projects in other crisis zones reflected a common process of international donors withdrawing after the war ended.<sup>50</sup> Many NGOs established during the war were “cut loose” in the same way, but Medica is unique in that it *has* continued

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<sup>49</sup> Sabina.

<sup>50</sup> Amela.

and been able to support itself in the last five years, but this survival has involved compromises and changes, which are perceived very differently among Medica women.<sup>51</sup>

Among NGOs which have survived along with Medica in post-war Bosnia, the issue of funding comes up over and over as a sometimes insurmountable hurdle.

Assessing the situation of women's NGOs in Bosnia, Cynthia Cockburn concludes that

“the main external impediment [women's NGOs] encounter is the funding regime. In a situation where individuals and families are often desperate in their search for an income to cover basic needs, it is quite unrealistic to suppose that NGOs can operate without funding or finance themselves through private donations. Local people cannot afford to pay for the services they provide. Nor are there Bosnian institutions with sufficient resources to fund them. They are crucially dependent on international NGOs and the international institutions, both governmental and inter-governmental.”<sup>52</sup>

Some of the major struggles with legal and political structures in Bosnia discussed above are directly related to Medica's financial situation. Since Medica Mondiale's withdrawal from Bosnia in 2003, Medica has been trying to push the Bosnian government to support them financially. In the midst of crisis and chaos, as Bosnia was in 1993, it was natural that outside support and humanitarian aid would be needed in all sectors of life. Now, more than a decade after the war ended, it seems logical to expect that the government could begin to support Medica's post-war services as a sustainable feature of civil society. The complexity, disorganization and lack of responsibility in the government in Bosnia, though, dramatically complicate this otherwise straightforward expectation. Even if the question was answered of what level and sector of the government should take responsibility for Medica, the struggle for responsibility and accountability would still remain.

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<sup>51</sup> Dijana.

<sup>52</sup> Cockburn 140-141.

The funding which allows Medica to function today comes primarily from the Norwegian government, in addition to other international organizations.<sup>53</sup> Since the beginning of 2007 the Zenica municipality has provided Medica with some funding as well as rent-free use of offices in the governmental Center for Social Work where Medica's therapists work.<sup>54</sup> Though these are small issues in the context of Medica's full budget and the scope of their financial needs, Duška is enthusiastic that these small things are "revolutionary. For years we were paying everything, like some private company that is making money."<sup>55</sup> The municipality's support is a major symbolic acceptance of their responsibility for Medica, but it seems unlikely that they will opt to – or be able to – fully take over supporting Medica in the near future.

Other than this municipal level funding, most domestic support for Medica seems to come as appreciation without anything financial to back it up. Medica is widely respected in Bosnia and sets the standard among NGOs for the quality of care and services it provides to women.<sup>56</sup> Sabina, a Medica employee who has since left Medica but remains connected to their work, describes that these people and organizations who support Medica in spirit, "don't see the reality. For God's sake, don't just say it's wonderful, but give something!"<sup>57</sup> As a therapist who is very familiar with the intricacies of donors and funding, Dijana also has significant personal experience working without pay or on a voluntary basis, during and after the war. She sums up Sabina's exasperated request thus: "All this recognition we get in the years... were in a sense of giving respect,

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<sup>53</sup> Dijana.

<sup>54</sup> Women's Association Medica. *For Right to Live Without Violence and Discrimination*. Brochure, no date.

<sup>55</sup> Andrić-Ružičić.

<sup>56</sup> Dijana.

<sup>57</sup> Sabina. Interview with the author. 19 April 2008.

giving appreciation for Medica's work, but not giving funding from local government. So you are very respected – still – if you work for free.”<sup>58</sup> Medica is struggling to create a sense of personal responsibility for local government organizations to support Medica in deeds as well as words. At the same time it must enforce the responsibilities which have been transferred to the local government.

Although Duška sounds optimistic that the support which *does* come domestically is a harbinger of greater things to come, other women didn't seem so sure, and suggested that the government could already be doing much more than it is. Sabina suggested an even broader explanation for what she sees as the government's failure to support organizations like Medica. A government funding its own organizations for women survivors of violence, she believes, is an implicit recognition of responsibility, and “society doesn't want to acknowledge that it has this very interpersonal problem.”<sup>59</sup> For Sabina, the question of accountability is interpreted on a psychological level which is nonetheless connected with the more practical problems raised by other women.

Struggles to establish domestic funding for Medica also influence international donations. I heard several times that in the business of peacetime donations to Bosnia (and perhaps this is a general trend), international donors want to see domestic governmental support for NGOs.<sup>60</sup> There is a certain logic to this expectation. In countries with well-established governments, national support often signifies an organization's validity. It can be an indication that an outside body has already investigated the organization and found their work to be respectable and worthy of public support. This expectation is not realistic in Bosnia, however. It's possible that the small

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<sup>58</sup> Dijana.

<sup>59</sup> Sabina.

<sup>60</sup> Amela.

municipal support for Medica vouches for them as much as an NGO in Western Europe whose government provides them with hundreds of times that support. Difficulties garnering national support for Medica are also a problem, then, in the context of international donors' criteria for support. Demanding significant governmental support of NGOs as a criterion for international aid is not reasonable or logical in Bosnia, where it might be in a country with a well-established infrastructure and social welfare system.

In addition to this disconnect between requirements from afar and the reality in Bosnia, there is a growing awareness of the high living standards afforded to many NGO workers, and the luxury provided for those who are working for supposedly humanitarian goals, employed at high salaries. This general loss of faith in NGO workers and the Bosnian government's failure to financially support – and thus vouch for – legitimate NGOs like Medica seem to be forming a vicious cycle from which Medica has not yet found a solution.

Another huge factor affecting Medica's funding is the withdrawal of many sources of funding simply due to lack of interest. "During war," Emira says, "every country is interesting to donate, but after the war, after some time, donors weren't interested in Bosnia anymore."<sup>61</sup> Since the end of the war, donors have tended to jump from trend to trend in their projects, demanding that Medica's language of proposals, and sometimes projects themselves, follow suit. No one I spoke to within Medica suggested that Medica has changed in fundamental mission or philosophy as the result of the trends of donors, but there seems no doubt that a great deal of energy is spent catering the focus and language of proposals to the whims of donors. "We joke," Dijana tells me, "funding for trauma was ... spent by the war. Trauma projects were in the war, and then

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<sup>61</sup> Emira, 10 April 2008.

reconciliation projects after the war, immediately, and then they shifted to human rights projects and trafficking.”<sup>62</sup> Dijana is able to laugh about these trends, even once mentioning a fund available to environmental projects, for which Medica considered applying. Their reasoning was that, although Medica is in no way an environmentally-focused NGO, “we are not harming the environment with our projects!” For other women, though, their patience and tolerance runs thin for these changes. “Every year they have some trend,” Emira laments, and “every year you have to write something for that trend.”<sup>63</sup>

Again, it is Cockburn’s analysis of NGO trends in Bosnia that places Medica in good company with other organizations. “Donors are continually switching themes and expect grantees to do so too, starting new projects at the cost of abandoning others that have only just got going.”<sup>64</sup> Monika Hauser, who is intimately familiar with funding and NGO in her work with Medica Mondiale in Germany, agrees. “These donor-driven things are impossible.” She says simply. “And my accusation is only toward these international organizations, donors who have no real interest in supporting long term war survivors.”<sup>65</sup>

The neat categorization of projects funded from abroad for certain trends is a strange concept compared to everyday life in Medica. If there is ample funding for projects supporting survivors of trafficking, but only one client in Medica at that moment who is a trafficking survivor, is she entitled to more resources, more counseling, more support, than the nine domestic violence survivors who live with her?\*

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<sup>62</sup> Dijana.

<sup>63</sup> Emira 27 April 2008.

<sup>64</sup> Cockburn 141-142.

<sup>65</sup> Hauser.

\* Although there seems to be no end to the variety and scope of donors’ trends, trafficking was a particular issue which came up in multiple conversations as an issue that was wildly over supported in comparison to many other worthy and related projects in Bosnia, such as domestic violence support. Monika also pointed

simply doesn't make sense from Medica's perspective. Their mission is to respond to needs, not donor interests, and so there is no way to imagine that the safe-house would begin to accept only trafficking survivors because that reflected the interests of international donors.

Many women iterated to me that Medica has always been an organization that provides for the needs of women who arrive there, and that the biggest reason that Medica now focuses primarily on domestic violence is because the women arriving in need of help are primarily domestic violence victims. "We always follow the needs," Dijana explains, describing how Medica became the first shelter to officially support trafficking survivors in 1998 (before the cause became the hot international donor trend). "We just gave response to the existing needs in the society."<sup>66</sup> The effort to reflect the needs of women in society seems to help Medica exist as an integrated and organically evolving part of Zenica, although it also means that their work is difficult to categorize and doesn't lend itself easily to smooth financial support.

Although donor trends mean that there is an immediate impulse to diversify along with donor interest, Monika believes that in the long run, Medica would have an easier time finding funding if they focused and presented themselves more consistently with a clear and confident focus. On the ground in Medica, though, this doesn't always seem possible financially, or perhaps even desirable.

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out that international support for trafficking victims came "10 years too late" in Bosnia, and that "now you have empty shelters [for trafficking survivors] all over the country."

<sup>66</sup> Dijana.

## *Medica's Changing Size and Structure*

For all of these large scale causes and influences, the everyday reality in Medica is that it is operating on a significantly decreased budget. Medica employs fewer women and houses fewer clients than it did during the war. At its largest, Medica sheltered 38 women and children during the war. In the last year, there were an average of ten women and children living in the shelter.<sup>67</sup> There are differing opinions about the nature of Medica's contraction in these years. Some of its wartime projects have been taken over by government institutions, so it has been natural for Medica to drop some programs. The general medical practice in Medica, as well as its mobile GP unit, were among the first projects that Medica stopped after the war. "During the war it was *very* important to have it," Sonja, a longtime therapist and educator, says. "But after the war, it was not necessary," because of the re-opening of medical institutions that either closed during the war, or were too overwhelmed with injured veterans to provide civilian medical care.<sup>68</sup> Medica's pharmacy and food distribution services also ceased after the war, again because they were no longer needed.<sup>69</sup>

But a significant amount of Medica's shrinking has been due to financial constraints, and not decreased need. Most of the women I spoke to noticed the unwelcome shortage of staff and other struggles in their fields. Lejla described the problems of having only two part-time therapists working in the shelter. Much of her work and time in Medica is devoted to stabilizing clients and "moderating" disagreements, and she does not feel able to work as much with clients as they would

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<sup>67</sup> Dijana.

<sup>68</sup> Sojna. Interview with the author, 21 April 2008.

<sup>69</sup> Dijana.

need.<sup>70</sup> There are also efforts to recentralize Medica's work because of decreasing funds and size, a move which Duška does not wish to see for Infoteka, which benefits from its autonomy and ability to independently support Medica's work with clients.<sup>71</sup> A 2007 strategic planning process found, in fact, that *all* of the services Medica offered were still necessary in the community. The strategic plan included decreasing all of these programs in size, though, again because of financial need.<sup>72</sup>

There was universal consensus among women I spoke to that the needs in Zenica are larger than Medica can provide for. "It could be larger if we had money available," Dijana says. "Needs are larger. We decrease even the number of women in the shelter. And real needs are much larger."<sup>73</sup> Nurka speaks similarly: "Everything depends on donations. There are many more women."<sup>74</sup> Even among programs now covered by the government, there are still ways that Medica's services were unique. Medica's gynecological clinic no longer runs because its services have been taken over by the state, but state gynecological services do not include the specialization in psychosomatic gynecology that Medica had. "*Still* Medica's ambulance has advantages," Dijana says, even where Medica is no longer the sole provider of services.<sup>75</sup>

Further, the highly professionalized, woman-oriented and dignified services are something which are not readily found in other institutions. Medica research has shown that women chose Medica primarily because of its high quality, its free services, and its approach.<sup>76</sup> Perhaps even more tellingly, 86% of women surveyed said that they would

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<sup>70</sup> Lejla.

<sup>71</sup> Andrić-Ružičić.

<sup>72</sup> Dijana.

<sup>73</sup> Ibid.

<sup>74</sup> Babović.

<sup>75</sup> Dijana.

<sup>76</sup> *Medica Zenica 1993-2005*. Pamphlet, 29.

use Medica's services even if they were not offered free of charge.<sup>77</sup> Medica's therapists are specialists in trauma responses, which have specific pathologies. Sonja is troubled by the lack of training among psychiatrists and psychologists who provide services to survivors of trauma and violence. "As psychologists, professionals,...they are people whose [opinion] has some validity, but it is not much different from the opinion of a neighbor."<sup>78</sup> In the standard course of education for psychology, she says, "nobody told them the essential things, are there *are* some specifics in work with victims of trauma and victims of violence."<sup>79</sup> In contrast, everyone in Medica is trained in responding to trauma survivors. Dijana says that even the women who work in the kitchen of the shelter are nicknamed "psycho-cooks", because they, too, have had training in trauma reactions.

Although Medica has ceased to provide some services which are now covered, at least nominally, by other institutions, its vision and mission are not always accompanying the physical services' moves elsewhere. Even if all of Medica's services were picked up by other institutions, it is clear that there would be a loss to the community in Zenica. Medica's attitude and philosophy are unique in the community. Further, Duška points out more generally, "there is a need for an alternative to the state services, always, all over the world."<sup>80</sup> But these needs, and the losses experienced as a result of Medica's decreasing size, are struggling against a government which is disorganized and not able to support Medica, and an international community of donors who have either moved on to new countries in crisis, or who wish to sponsor programs dealing with very specific issues.

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<sup>77</sup> Ibid.

<sup>78</sup> Sonja.

<sup>79</sup> Ibid.

<sup>80</sup> Andrić-Ružičić.

## *Chapter Three*

### *Moving Forward or Neglecting the Past? Outside Impressions of Medica's Evolution*

The significant majority of women I spoke to described Medica's changes as a passive process of responding to the changing needs of women. Although few explicitly described the causes of that evolution, they seemed presumed to be the result of changes in society and attitudes toward violence as a result of the war. In this view of Medica's history, the only decision made was to continue to respond to the needs of women as they arose. These changes in Bosnia, in addition to decreasing funds and changing donor interests, were consistently cited as the major causes of Medica's evolution in the last fifteen years. There were, however, a few voices who interpreted Medica's evolution differently, placing Medica women in a more active role in the process of these changes. For them, the changes in Medica since the end of the war are part of a process demanding self-awareness, and represent one path of many that Medica could follow, rather than the inevitable progression that was more often presented to me. Interestingly, the two strongest voices of this opinion came from women who no longer live in Medica, but see it from the outside.

For these women, the process of a slow and gradual evolution after the war seems to belie a more active process, one that Medica might benefit from taking stock in. Sabina, who lived in Medica but has since left, didn't suggest a disagreement with the path Medica has followed since the end of the war, but she does worry about the lack of self-awareness about these changes. Seeing Medica from the outside after leaving, she describes the realization that Medica women are constantly, though often subconsciously,

participating in a process. For Sabina, there is a need in Medica to raise that process into the conscious sphere, “Let’s try to define the main priority questions and how to move forward.” She believes that some of Medica’s struggles today result from a change in focus which was not accompanied by changes in structure or organization, or as she explains, “The mind has changed but the body didn’t. Somewhere a gap was created.”<sup>81</sup>

Sonja, who still works in Medica, also attributes a certain degree of agency on Medica women’s responsibility for the organization’s changes since the end of the war. She connects changes in Medica to changing profiles of clients, but also to the process of normalization among Medica staff, the growing awareness of their own needs and exhaustion and personal lives. “We gave ourselves more and more right to take care of ourselves,” Sonja says. She also describes this normalization as influencing everyday life structure in Medica, where less desperate situations meant that the urgency of clients’ needs gradually decreased, and Medica could afford to tell prospective clients, for example, that a place will be available for them in two weeks’ time, a concept which was unthinkable for women arriving at the shelter during the war. Sonja describes Medica’s changes as a process of normalization of both clients’ needs, and employees’ investment.<sup>82</sup> Writing in 1998 of the normalizing process in Bosnia after the war, Cockburn observed, “There were clearly strong forces favouring a recovery of the old habitual relationship between women and men. Those women whose loved men had survived the fighting were simply grateful to have them back. There was a hunger for normality, for the renewal of family life.”<sup>83</sup>

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<sup>81</sup> Ibid.

<sup>82</sup> Sonja.

<sup>83</sup> Cockburn, Cynthia. *The Space Between Us*. (New York: St Martin’s Press, 1998) 206.

Monika Hauser also sees that Medica's transition has been a process of reclaiming normal life after the intensity and trauma of the war. She does not, however, see Medica's transition of its clients as the inevitable and passive process as I often heard described. Like Cockburn, Monika expresses misgivings about this evolution. Presumably due to the intensity and difficulty of therapeutic work with survivors of sexualized violence, there is an international phenomenon that organizations designed to support sexualized violence survivors have a tendency to slip away from this focus over time, according to Monika. "Because to speak each day over years and years and years about war-rape, and to bear the consequences, and to hear the details, each day for years and years, it's hard." In the context of therapists who worked for years with war-rape survivors, then, "it was a little bit easier ... to turn to the domestic violence problem, than to confront yourself each day with the facts and details of war-rape."<sup>84</sup>

Monika is clear in agreeing with the interpretations of other Medica women that domestic violence is a major problem in Bosnia, and is quick to recognize the connections, in society and individuals, between war and post-war trauma and violence. From her perspective, though, the change which other women attributed solely to changing clientele is rather a combination of changes in women seeking shelter, as well as an unconscious turning toward domestic violence on the part of Medica women for their own reasons. She believes that this change has come at the expense of many war-rape survivors who still have not had any type of counseling or support.<sup>85</sup>

Monika is clear and adamant that she has understanding and empathy for factors that she believes have led to Medica's transition since the war, and that the deep need for

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<sup>84</sup> Hauser.

<sup>85</sup> Ibid.

normalization after the war is legitimate. But she points out that war-rape victims “were not at all in a situation ... for *any* normalization. And a lot, a lot of survivors, never got a chance of any support.”<sup>86</sup> Yet to devote one’s work to reaching out to those clients still in the throes of war-trauma consequences is to forego one’s own chance of normalization.

Taking into account these voices, it would seem that women who are still actively involved in Medica are more likely to see its current focus as a natural progression, while a few key women observing Medica from the outside have noted more internal and personal reasons that may have influenced the organization’s change, and are more likely to locate points of decision-making which may have been seen from within as simply obvious reactions. Monika’s wish to maintain a focus of war-rape, while other women are satisfied to move on from war trauma to post-war, “everyday” violence, touches on a larger debate in the literature of the Bosnian war.

The women within Medica have experienced what seems like the international community’s obsession with the issue of war-rape, seemingly at the expense of other issues in society, and often carelessly. In Duška’s article *War Rape and Political Manipulation of Survivors*, she writes that “I cannot recall a single contact with any journalist in the last seven years that did not contain a request along the lines of, ‘Could you get me an interview with a woman who was a victim of war rape, who was impregnated, and had the child?’ Is there no end to this tactlessness and insensitivity?”<sup>87</sup> In addition to interest bordering on the voyeuristic from abroad, wartime rape was widely adopted by nationalist politicians, and manipulated as a crime against a nation, where

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<sup>86</sup> Ibid.

<sup>87</sup> Andrić-Ružičić, Duška. “War Rape and Political Manipulation of Survivors”, in *Feminists Under Fire*, ed. Wenona Giles et al. (Toronto: Between the Lines, 2003) 108.

women as individuals suffering were absent and their rapes were significant as symbols of damage to an ethnicity's honor.

Even among feminists, a debate has arisen regarding whether or not ethnically-driven rape is “special” or distinct from “everyday” rape. Catharine MacKinnon, a well-known feminist, supports the theory of genocidal rape as a distinct category, a crime with more gravity than rape without regard to ethnic identity. “This was is to everyday rape what the Holocaust was to everyday anti-Semitism,” MacKinnon declares, describing wartime rape in Bosnia. “Muslim and Croatian women and girls are raped, then murdered, by Serbian militia men, regulars and irregulars, in their homes, in rape/death camps, on hillsides, everywhere.”<sup>88</sup> Further clarifying the significance of the ethnic element of rape, MacKinnon laments that, “in the feminist whitewash, it becomes just another instance of aggression by all men against all women all the time, rather than what it is, which is rape by certain men against certain women.”<sup>89</sup> What, then, of the rape survivors who do not fit the criteria of “certain women”, or those who are raped in other circumstances? MacKinnon’s focus on the ethnicities of perpetrators and survivors, Helms points out, “assumes precisely the relation of women to the nation which is assumed by the very perpetrators of rape – the equation of women’s home with the honor of the nation.”<sup>90</sup> Duška adds to this criticism from the perspective of individual survivors.

“If there is a distinction vis à vis the war in Bosnia, it is the fact that the military and political leadership publicly took a stand regarding the rape of women as violence against the enemy (either supporting it or opposing it). While this has made a crucial difference as far as the political weight of the crime is concerned, what difference has it made for the survivors? What is the difference between being a victim of a crime which has

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<sup>88</sup> MacKinnon, Catharine. “Crimes of War, Crimes of Peace” in *On Human Rights* ed. Stephen Shute and Susan Hurley (New York: Basic Books, 1993) 88.

<sup>89</sup> Ibid.

<sup>90</sup> Helms 78.

political weight, and one that is ‘just a random individual act’ with no political confirmation to the survivor that she was a victim?”<sup>91</sup>

The legacy of national and international interest in war-rape is thus deeply tinged with doubt and mistrust from women in Zenica. Political and nationalistic manipulation, journalistic obsession and even feminist essentialisms have come part and parcel with the war-rape “sector” in Bosnia. In this context, it is not difficult to understand Medica’s feeling of being anchored to their war-rape history and unable to move toward projects beyond the war. Elissa Helms noted that “in contrast to the ways in which Bosnian women represented themselves, audiences outside Bosnia exhibited a preoccupation with wartime rape.”<sup>92</sup> Helms continues that Medica was trying to counter this static images of wartime victimhood, wishing instead “to tackle issues facing women beyond their identities as war victims.”<sup>93</sup> Monika, however, suggests that this desire to move beyond war victim status was more a function of Medica employees’ needs for a return to normality than any sort of solution or closure to the issue of wartime rape.<sup>94</sup>

The women on the ground in Zenica, who had the autonomy and independence from very early on to evolve as they saw fit, made decisions with an insight into the everyday reality in Zenica that no outside donor or journalist could understand. Dijana mentions Monika’s willingness to trust the women in Zenica as a key to its success over the years, and the transfer of responsibility to local women only a year after the program began, when Monika herself returned to Germany.<sup>95</sup> Yet there is also certain value and importance of the view from the outside, of those no longer caught in the orbit of the “Medica Planet” as one woman called it. It may be easier for “outsiders” like Monika and

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<sup>91</sup> Andrić-Ružičić in *Feminists Under Fire* 105-106.

<sup>92</sup> Helms 237.

<sup>93</sup> Ibid 241.

<sup>94</sup> Hauser.

<sup>95</sup> Dijana.

Sabina, who are also intimately connected with Medica's inner workings to see broader trends and changes because they are not involved with all the absorbing details of daily existence.

Monika, as a foreigner, also has a certain broad perspective of the psychological factors affecting the Medica women themselves. Some of Medica's employees today are former Medica clients, and Lejla's statistic of 96% traumatization in Bosnia certainly applies to women in Medica, too. They are living with their own traumas, and their own personal experiences struggling with all of the societal and political changes which they mention as causes of increased violence and stress in society. Monika herself is very aware of this situation, and the inability of Medica women to prevent against burnout and afford themselves the personal space that is offered to women in Western Europe who work in these fields.<sup>96</sup>

Where, then, is the "truth" about these narratives of Medica's history? Monika's suggestion that there were a combination of factors at work seems understandable. More domestic survivors began arriving at Medica, and Medica women, unconsciously and perhaps for their own protection, or out of their own exhaustion, did not seek out the war rape victims who had never received services from Medica and who now receded into the background. Although Monika's interest in supporting war-rape survivors is not a reflection of the ethnic nature of war-rape in Bosnia, but the mass scale and importance of this history, her role as an international donor arriving with a stubborn focus on war-rape may appear too close to other interactions with voyeuristic journalists or politicians who seem unwilling to let go of the topic.

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<sup>96</sup> Hauser.

Monika notes that post-war societies tend to experience large-scale collective amnesia about sexualized violence, and the psychological processes which work to close out such painful memories no doubt exert some influence over even the women-oriented employees of Medica, who are, as one woman mentioned, “not robots”, and may be unable to continue working with this focus over long years.

At the same time, Monika comes from her own unique and subjective perspective. She herself is aware that in her position as the founder who then left Medica in the hands of others, it is natural that changes have occurred, and also natural that she had certain wishes for the way Medica would progress. It is also significant that Monika has lived for two decades in Germany, arriving in Zenica from a culture which has devoted enormous energy to building a collective memory and collective responsibility toward the crimes of World War II. She is critical of the fact that of all of Germany’s programs of “dealing with the past” after the war, none have dealt with the issue of war-rape, although one million German women were raped by Russian soldiers.<sup>97</sup> Discussion of these huge-scale rapes of 1945 is *still* taboo in German society, according to Monika, and so a part of her position at “new” sites of war-rape, such as Bosnia, is an effort to prevent against the long-term consequences of silence toward war-rape which she observes in German culture. What may seem to her as arriving with the wisdom of lessons learned in Germany can be perceived by someone else as transferring personal guilt onto another situation which has its own nuances. One woman mentioned to me that Medica Mondiale seemed to want to keep Medica in “crisis mode”, while Medica women themselves were ready to move forward.

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<sup>97</sup> Ibid.

One afternoon I had a conversation with two Medica women about the nature of history and the dominant narratives and stories that are told in society. We agreed that the mainstream narratives of history inevitably leave out the nuances of the past, as well as almost universally excluding women and other marginalized populations. Yet one of the women described to me a seminar she attended recently, more than a decade after the end of the war, which sought to address the lasting consequences of war, but quickly devolved into ethnic essentialisms and re-opened the old wounds and aggressions of the war. The question we were left with, then, was whether it is possible to openly address and work to heal the wounds of the past, while still being able to move forward?

Considering her position and views toward Medica, I brought this question to Monika – can a society actively remember while also healing? “We have never seen it anywhere,” she replied, almost wistfully. “I think so. I just know that if you do not do it, it’s very unhealthy, it’s terrible for the women [survivors], it’s unhealthy for the society as a whole, and it gives you so many problems.”<sup>98</sup> One of the Medica women in my earlier conversation said that for her, it is only after years of working on her own reactions and psychological processes, that she now feels able to hold an active awareness and critical analysis of the past in her mind while rejecting essentialisms and allowing herself to look forward as well as back. She is very aware that this is unusual, though.

For the rest of society, though, perhaps the question comes down to prioritizing, between protecting one’s personal energy and well-being by looking forward, or actively healing through the painful process of engaging with the past. Each for their own reasons, the women I spoke to arrived at different conclusions about these priorities, decisions

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<sup>98</sup> Ibid.

which were intimately connected to their own personal experiences and roles as survivors. For the women of Bosnia, the trauma of war was survived in their lifetime, and it must be such a deeply needed and welcome relief to move forward from that trauma. Women like Monika, who are able to see Bosnia with more distance and international context, may be more acutely aware of the transgenerational trauma of war. Living in a society, as she does, where the unworked traumas of World War II continue to influence everyday German life, Monika has arrived at the conviction that looking back can be the only way to eventually look forward.

## *Conclusion*

Conducting this research has been in many ways a process of raising questions and exploring ideas, such that any absolute conclusions seem rather out of place at this point. Particularly on subjects where I did not hear a clear consensus among the women I interviewed, I find myself at a point where I am better able to discuss the nuances and differences of opinion, but I do not feel well enough informed, or inclined, to arrive at clear-cut answers.

That said, there are certain key themes and issues that have become much clearer to me in the course of my research in Medica. The generally vague answers I received in response to my main research question as I imagined it at the beginning were an important insight into Medica women's views of themselves and their work. There is a sense among Medica women that their work has been a natural progression of responding to needs of women in the community, and my desire to find out how Medica changed after the war came to seem like a fundamental "outsider" question. The societal factors which influenced Medica's changing clientele seemed more relevant to many of the women I interviewed. For those who saw Medica primarily as a reflection of the needs of society, it didn't make sense to analyze Medica's changes without looking at the society that influenced those changes. Some women in Medica have articulated a narrative view of their history which addresses the question of changes post-war, but this history is almost always one of reflecting the needs of women, rather than making strategic plans and decisions.

There were a few key women who view Medica from the outside and have observed that this evolution may have involved more agency and active transitioning than it seemed to the women who were intimately involved in the project during these years of

change. Outside viewers may be more attuned to the changes which happen so quietly as to seem almost inevitable for those inside.

A few women mentioned to me, in varying contexts, that their work during the war had a kind of positive intensity, enthusiasm and certainty. Although the work in Medica during the war was almost impossibly strenuous and draining, Monika describes a sense of feeling unstoppable “in our approach, in our enthusiasm” during the war.<sup>99</sup> Sabina speaks similarly. “Despite the war, despite everything, we had the feeling that our living, doing, everything was more meaningful than it is today.”<sup>100</sup> Sonja describes the importance for Medica women of Medica during the war through her lens of a psychologist: “I think what was useful to us in this time of war, because we had some point or something where we belonged, and how our life in this very crucial time was shaped...So it was not only giving, giving, giving.”<sup>101</sup> From my conversations, I do not believe that this phenomenon is limited to women in Medica. I have heard many stories of work and social activities which took on a special clarity and importance during the war.

Medica’s crucial wartime role for the personal lives of women themselves may have been underestimated by Monika, arriving with her own goals and influences in Bosnia while trauma was occurring on a mass scale. Medica women themselves may have also underestimated the influence of their own exhaustion and needs in their descriptions of how their work has changed since the end of the war. These issues of the positions and perspectives of everyone working with Medica are questions that expanded

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<sup>99</sup> Hauser.

<sup>100</sup> Sabina.

<sup>101</sup> Sonja.

beyond the scope of this project, but would be fascinating, and important, research for the future.

Infoteka is in the process of completing a follow-up study of the domestic violence research last conducted in 1999, and the results of those changes in the last decade will demand an analysis and investigation of the findings, which can now be compared and viewed as trends in post-war Bosnia.

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