

The Trauma of Rape in War Zones

A report from Eastern Democratic Republic of the Congo

Harry van der Zee MDⁱ, Dieudonne Bisibo Alimasi MDⁱⁱ, Joseph Ndebo Balikwishaⁱⁱⁱ

¹*Amma Resonance Healing Foundation, Netherlands*

²*Departement des Oeuvres Medicales, Communauté des Eglises Evangéliques des Amis au Congo (CEEACO), Bukavu, DR Congo; Amma4Africa manager in Bukavu*

³*Amma4Africa Fondation, Goma, DR Congo; Amma4Africa manager DRC*

Summary

Rape is a major public health and human rights issue in war zones. It mainly affects women and girls, but also men and boys. The causes are structural, with social and health consequences. Armed conflict, discriminatory socio-cultural norms, poverty and a weak judicial system contribute to the persistence of this violence. Specific traumatic responses have been developed to address various causes of trauma, including PC therapy for rape-related trauma. Despite initiatives by the government and international organisations, rape remains a major challenge requiring a multisectoral and sustainable response.

Keywords: Rape trauma, Sexual violence, War, Genus traumaticus, PC Remedies.

Introduction

In eastern Democratic Republic of the Congo, rape is not a rare event or an isolated crime. For many women and girls, it is a daily fear and, for far too many, a lived reality.

Rape does not only hurt the body. It breaks lives.

Women who survive sexual violence often lose everything at once: their sense of safety, their health, their family, their place in the community. Many are rejected by their husbands or families. Some are forced to raise children born of rape alone, in deep poverty and shame that is not theirs to carry. Others are unable to farm, work, or care for themselves because of trauma, illness, or stigma. What should be a path toward healing often becomes a struggle just to survive.

Why rape is so widespread in Kivu

For decades, the Kivu region has been trapped in violent conflict. Armed groups, militias, foreign rebels, and sometimes even state forces have used rape as a weapon. It is used to terrorize communities, to drive people off their land, to destroy families, and to silence entire villages.

ⁱ *H.E. van der Zee, POBox 68, 9750 AB Haren, Netherlands*

ⁱⁱ *D.A. Alimasi, General Hospital, Kanfu District, Kadutu Commune, Bukavu, South Kivu, DR Congo*

ⁱⁱⁱ *J.N. Balikwisha, Avenue Tshipasa 129, Quartier Kasika, Commune de Karisimbi Goma, North Kivu, DR Congo*

Women and girls are the main targets. But men and boys are also victims — often suffering in silence.

Justice is rare. Many survivors are too afraid to speak out. Courts are far away or do not function. Corruption, threats, and lack of medical and legal services make justice almost unreachable, especially in rural areas.

Over the past twenty years, **hundreds of thousands of people in Kivu are believed to have survived rape or sexual violence**, a scale of suffering that is hard to grasp. At the same time, **millions have died** since the conflict began in the 1990s — through violence, disease, hunger, and displacement.

As a result, trauma is everywhere. Post-traumatic stress is not the exception here; it is the norm.

What we are doing

The numbers are overwhelming. With Amma4Africa teams working in North and South Kivu, we treat as many people as we can. In 2025 alone, **270,000 children and adults** received trauma support alongside malaria prevention through our programs.

The good news is: **Trauma can heal**. With proper medical care, psychological support, and community-based treatment, survivors can begin to feel safe again. They can sleep. They can think. They can work. They can love. They can hope.

But, how to treat so many traumatized people by using homeopathic principles in a country where homeopathy is almost non-existent?

Genus traumaticus

Genus traumaticus is the concept of analysing the symptom totality of a specific traumatic situation. Then to, either select a small group of remedies that covers the Genus Traumaticus, (as the repertory already largely does by grouping remedies for specific indications, e.g. Injury of the spine) or to, as the late *Peter Chappell* has done, create one PC Resonance for every specific identified and analysed form of trauma.

Traumatic responses resemble epidemic effects: they are consistent and predictable, much like the symptoms of infectious disease. Because humanity has faced war, violence, and catastrophes for millennia, these archetypal trauma patterns — '*trauma miasms*' — are deeply embedded in our collective psychology. Though they evolve over time, they remain recognizable.

Homeopaths have long used specific remedies for trauma — *Arnica*, for example, in acute physical injury. Also in cystitis after rape it's common to give one specific homeopathic remedy *Staphysagria* with very good results, and for the trauma of rape in general homeopaths usually tend to have a top three or four that are used in most cases. We would argue that these remedies together cover the *Genus traumaticus* for rape. Given the widespread use of sexual violence in war and society, rape is not only a personal trauma but a collective human experience. Many women inherit its psychological imprint through family history, and many have endured it directly.

This idea can be extended to any overwhelming communal trauma, from things like earthquakes and hurricanes, tsunamis, floods and a host of other natural catastrophes. These impinge on the survival instincts in the reptilian brain, and the human response varies little if at all in these situations. There is a strong emotional content which has deep roots in the human unconsciousness, going into the survival instincts. These emotional responses are very similar between people. On a psychological level these different forms of trauma are archetypal and present in the collective unconscious. Also, one usually only has to go back one or two generations to find these traumas present in ancestors, so these could be passed on as traumatic miasms.

In the beginning lines of §70 of the 6th edition of the *Organon* Hahnemann writes:

“From what has been stated so far, we cannot fail to recognize that: all that the physician can find in diseases, which is really pathological and is to be cured, consists only of the patient’s state and complaints and the changes of his health perceptible to the senses; in a word, it consists only of the totality of those symptoms by which the disease demands the appropriate medicine for its relief/ suited to relieve it. (...)” [exact translation by Monika Grünh]

If we include the effects of trauma under the term ‘diseases’^{iv}, we could say for instance for rape trauma: rape trauma consists solely of the patients’ totality of symptoms. By these symptoms, rape trauma demands the medicine suitable to its aid.

By using the plural ‘patients’ we make the connection to a collective approach for trauma.

This idea corresponds exactly to the modern research into epigenetics which shows that trauma passes down generations, by modifying the genetics, switching on and off, or tuning up and down, various genetic possibilities from one generation to the next. There is also a field of psychological research, which includes constellation work, which has identified transgenerational trauma which is the same idea as *Genus epidemicus* on the level of a family constellation.

The History of PC Trauma Resonances

A first experience with the creation of a *Genus traumaticus* remedy was with War and Genocide Trauma in Rwanda in 2005. Taking cases of AIDS, Peter observed that the patients were all still heavily traumatized by the genocide that took place in 1994, and that without addressing the trauma their ability to respond well to PC1 for HIV/AIDS. The idea to take their symptoms together ‘as-if-one-person’ and to create a PC Remedy for the trauma of war and genocide was born. Based on the excellent results witnessed in heavily traumatised people in Rwanda, and in thousands of other cases all over sub-Saharan Africa, he felt confident to extend the concept to other types of trauma.

For a variety of causes of trauma specific Trauma Resonances for healing have been designed, one of them being the PC Remedy for Rape Trauma. These can be used both for healing the actual trauma that happened to a person and inherited traumas.

^{iv} *The following definition of disease allows to include any cause that deranges the life force; Disease: a solely dynamic mistuning of the life force, which is manifested in one’s state, in one’s condition, and in one’s appearance. ... [Wenda Brewster O’Reilly’s Organon, p 301]*

While it may be that there is one underlying mechanism involved in trauma there are many important aspects that vary according to the type of event, so from a range of resonances it should be possible to pick the one that roughly covers the event or events that happened.

Inevitably there is some overlap between different trauma resonances. For example, shock occurs in war and accidents. Rape can be part of a much wider trauma caused by the atrocities of war. Depending on the symptoms we use the resonance that feels most appropriate.

Our experience is that trauma specific remedies are a major advance in homeopathy, and very practical in situations where large numbers of people are traumatized.

PC Remedies

PC Technology, as Peter called it, is based on the idea that water can store and pass on information. PC Resonances are made by imprinting water (or sound) with information linked to a specific condition. This information is based on the known symptoms of that condition.

The approach uses resonance — when two things share the same frequency and strengthen each other. If the information in a *PC Remedy* matches the body's imbalance, it stimulates the body's natural healing response.

Health depends on balance and harmony in the body. Disease is seen as a loss of that balance. PC Resonances aim to restore coherence without using chemicals.

The resonances are created through a focused meditative process, described as connecting to a deeper level of awareness ('*source*'), and imprinting the requested information into water or sound. Only specially trained practitioners produce them to ensure consistent quality.

For more information on the theory and practice of the creation of PC Remedies, see the book 'Homeopathy for Diseases'^v and <https://arhf.ngo/how-we-work>

The collective case of rape in Bukavu

The below is an impression of my (Harry) first encounter with survivors of rape in DRC.

Case of a 38-year-old lady: Four years ago, M. was raped by two soldiers and became pregnant. It was an extra-uterine pregnancy and the foetus was aborted. Now during intercourse she has a lot of pain, "as if they are trying to put a tree inside." She has vaginal infection frequently. Every time she has pain, she thinks about the rape, and ever since the rape she is fearful on seeing a man. The joy of sex is gone, and instead she is afraid of it because of the pain. During intercourse anger is stimulated.

Prescription: *PC435p* (rape and sexual abuse) once daily five drops.

Follow-up after 10 weeks:

^v Peter Chappell & Harry van der Zee. *Homeopathy for Diseases*, Homeolinks Publishers, Haren (the Netherlands) 2012

“The thoughts about rape have disappeared. I no longer have an aversion to sex but desire it very much now. No more fear; I enjoy it now. When I see men, I’m no longer afraid. No more anger even though having sex is still painful.”

Nevertheless, there are still the physical problems of pain with intercourse and vaginal discharge. However, the pain doesn’t raise anger anymore and doesn’t prevent her from enjoying intercourse. Most likely the pain was caused by gonorrhoea due to the rape.

Prescription: *PC180g* (PC gonorrhoea) after which also the physical symptoms disappeared.

Witnessing PC1 giving life back to severely ill AIDS-patients is a dramatic experience. Even more impressive to me was meeting the traumatised women of Bukavu. I dropped silent at hearing stories of so much suffering and was filled with deep respect for the strength of these women. To then see how much their suffering was relieved by Peter’s trauma resonances left me with deep gratitude.

During my first trip to DR Congo in 2008, entering from Burundi into Kivu province, the above case was one of several people who had been raped whom I treated, and all responded well. We were advised not go deeper into Congo then, but on my second trip in 2009 it seemed to be quieter and we went to Bukavu, a city that saw the number of inhabitants double due to streams of refugees.

There I treated more women and with the help of a Congolese bishop we were able to set up a small clinic there. The women who shared their experiences with me made me aware of how the act of rape is only part, sometimes even a smaller part, of their trauma. Let me present a composite story:

Rebels enter the house and demand that a woman should undress. She refuses, after which they torture her in brutal and humiliating ways with guns, knives and sticks. Many women still carry scars from the severe wounds inflicted. Then several of the rebels rape her in front of her children, or the children have escaped the house and try to hide in the woods. They may take the older children with them and kill them later or use them for their purposes as child soldiers or prostitutes. If the husband is there, they kill him before or after abusing his wife. One way is to lock him in the hut and to set fire to it and then rape his wife. If the husband was not there and finds out about the situation, he usually chases his wife and the (remaining) children away. They walk to the city where she tries to earn some money by carrying heavy loads. She earns just enough to buy some food for herself and the children, but as she cannot pay school fees, her children are expelled from school, and have, as the women express it, no future. So many of these women experience trauma piled on trauma and end up doing the heaviest work for the lowest fee while their children roam the streets.

After I had taken their cases and started their treatment they were followed up by two nurses who had been trained in using PC Resonances properly. This is a summary of what they reported a couple of months later:

“All the rape cases are doing very well and are much brighter than before. The only problem is that they have little prospects and are still facing a hard life, which can bring more trauma to them. Here are some quotes by them:

- “I have improved and live free of the past now. I have no more dreams and fear. The scars have disappeared, but when I was not taking the medicine, they came back. I continued with medication and today I am okay.
- I can sleep well now. I was thinking a lot about my past and my hard life, but now I am okay. I am confident that my thoughts about the past will disappear because this medication has helped me a lot.
- I am happier than before. I am much better. I am no more lost in my dreams and hatred towards men. The past cannot disappear completely at once, but it is much better now and I thank God.
- I am more positive. I focus now more on my life and family than on my past.
- I am much better and can work well now. I have no more fear and no feeling of being a victim anymore.
- I accept the past now. **I am no longer the slave of my past.** My thoughts are more orientated on my future than the past.
- I can still think about what happened, but I don’t cry anymore.”

No longer being a slave of the past is the essence of a happy life for all of us. We all struggle to get or stay in the here and now, and it is amazing that women that have been so deeply traumatised have the capacity to respond to the treatment.

A short video titled *Rape Trauma*, filmed in Bukavu during our first visit, can still be viewed here: <https://arhf.ngo/trauma-relief/>

Bukavu today

By Dieudonné: since 2009 there is a team of volunteers in Bukavu that treat survivors of rape but also treat many other conditions and make malaria prevention available to the population.^{vi} Using the PC Remedy for Rape and Sexual Abuse, along with PC Remedies for sexually transmitted infections, we support women and girls in reclaiming their bodies and their lives.

Below are a few **anonymous stories** from survivors we have supported. Names and details have been changed to protect their safety.

^{vi} Van der Zee HE, Alimasi DB, Balikwisha JN, Walach H (2025). Novel Immune Supportive Prevention of Malaria, Data Collection Research in the city of Bukavu (DR Congo). International Journal of Malaria and Tropical Diseases (IJMTD) Vol. 6(1):113-121



Photo: Mothers with children born of rape, that received treatment for their trauma

Survivors' voices: before and after care

- **A married woman attacked by armed men** lived in constant fear and emotional numbness. She had constant intrusive thoughts and felt emotional distance from her husband and other men. “I’m emotionally blocked.” After treatment, she reported emotional relief, renewed affection toward her husband, and a significant reduction in trauma-related thoughts.
- **A mother with a child born of rape by multiple perpetrators** was expelled from her home by her husband. Before care, she experienced severe fear, flashbacks, inability to move freely, and suicidal thoughts. She described reliving the rape “like a film.” After treatment, her joy returned, fear diminished, flashbacks stopped, and she regained the ability to move about freely and safely.
- **A woman raped by soldiers** suffered from constant rumination and nightmares every night about the assault. After treatment, the nightmares stopped and her mind became calm again.
- **Another survivor** stopped menstruating after the assault and lived in a state of sadness, fear, crying spells, and persistent anxiety — especially around soldiers. After treatment, her emotional stability improved, fear reduced, her sense of joy returned, and she started to regularly menstruate again.
- **An adult survivor** reported constant, distressing thoughts about the rape prior to treatment. Following care, these thoughts reduced substantially.
- **An abandoned woman with a child born of rape** suffered from a sexually transmitted infection, high blood pressure, anger, vertigo, and deep resentment toward her child. After treatment, her infection was cured, her physical symptoms subsided, intrusive thoughts decreased, and she began to feel love and connection toward her child.
- **A single mother struggled to care for a child born of rape.** Before care, she experienced fear, emotional numbness, and hatred toward the pregnancy and child. After treatment, trauma-related thoughts decreased significantly, though she still faces challenges in providing care due to poverty and lack of support.
- **A woman rejected by her husband** struggled with illness, anger, and resentment toward her child. After treatment, her health improved and she began to feel love and connection again.

- **A teenage girl** suffered from a sexually transmitted infection and intense hatred toward men, seeing them as enemies. After care, the infection resolved, and she reported being able to relate and collaborate with men again without fear.
- **After being raped multiple times, a woman gave birth to an unwanted child.** She experienced repeated illness, untreated infection, and emotional detachment from her child, whom she cared for only out of obligation. Her husband refused to accept the child. After treatment, her health improved, intrusive thoughts diminished, and she developed genuine affection and care for her child.
- **A woman who got pregnant after rape** was expelled from her home with her child. She frequently fell ill, struggled with basic caregiving, and at times resented her child due to extreme hardship. After treatment, her infection was cured, her thinking patterns improved, and her bond with her child strengthened.
- **A survivor suffered chronic illness, abdominal pain, visible physical deterioration, and hatred toward men.** After treatment, her physical health improved markedly, and trauma-related thoughts disappeared.

Only a traumatized person can inflict trauma on others. To stop this ongoing tragedy, both rapists and their victims need treatment. All people that receive *PC240m* for Malaria Prevention, are therefore also given *PC304x* for War Trauma. The video [Rebels that got back to their senses](#) shows how treating those that inflict trauma on others can change once they are treated for the trauma of war.



Photos: A rebel fighter treated for trauma (L) – Training of volunteers in Bukavu (2013) (R)

Healing is not only medical

Healing does not stop with treatment. Women who have been abandoned need a way to survive and rebuild their lives. That is why in Bukavu we to create **small sewing and training centres**, where survivors can learn skills over six months and, when possible, receive a sewing machine to start earning their own income. Dignity grows when a woman can provide for herself and her children.

A call to care

These stories show both the horror of rape and the power of compassionate care. Trauma treatment does more than ease symptoms — it restores dignity, rebuilds families, and opens the door to a future beyond violence.

But many survivors are still alone. Poverty, stigma, and lack of support remain heavy burdens, especially for women raising children born of rape. **They must not be forgotten.**

Conclusion

Trauma of rape in war zones represents a complex crisis that requires a comprehensive response. Although progress has been made in caring for survivors and raising awareness in communities, significant challenges remain. Treatment continues to be multi-sectoral in order to provide relief to victims. To support all volunteers working in Kivu and other war-torn places that bring healing where it is most needed — [you can donate here](#).

Your support helps turn survival into life.

How to Order PC Resonances

PC Remedies can be ordered directly at www.helios.co.uk or at www.hahnemann.nl. For a list of available PC Trauma Remedies please contact ARHF at <https://arhf.ngo/contact-us/>. ARHF can provide PC Remedies needed for humanitarian aid at cost price by using the contact link above.

References

- Chappell PL & van der Zee HE. Homeopathy for Diseases, *Homeolinks Publishers, Haren (the Netherlands) 2012*
- Quante G. Trauma Relief – My experience in using Trauma Resonances. <https://arhf.ngo/articles-and-books/>
- Van der Zee HE, Walach H. Novel Immune Supportive Treatment of HIV/AIDS – Comparative outcomes study in rural clinics in Africa. *IJHC 2024, Vol. 24(1):18-34*
- Van der Zee HE (2016). Africa Malaria Prevention Project. *Homoeopathic Links 2016;29(2):137–146*.
- Van der Zee HE, Alimasi DB, Balikwisha JN, Walach H (2025). Novel Immune Supportive Prevention of Malaria, Data Collection Research in the city of Bukavu (DR Congo). *International Journal of Malaria and Tropical Diseases (IJMTD) Vol. 6(1):113-121*
- Van der Zee HE. Healing Collective Trauma with Homoeopathy – Applying the genus epidemicus approach to trauma. *Similia - The Australian Journal of Homœopathic Medicine 2010, Vol. 22(1):9-12*