

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 International Criminal Court
2 Trial Chamber IX
3 Situation: Republic of Uganda
4 In the case of The Prosecutor v. Dominic Ongwen - ICC-02/04-01/15
5 Presiding Judge Bertram Schmitt, Judge Péter Kovács and
6 Judge Raul Cano Pangalangan
7 Trial Hearing - Courtroom 3
8 Tuesday, 27 March 2018
9 (The hearing starts in open session 9.30 a.m.)
10 THE COURT USHER: [9:30:50] All rise.
11 The International Criminal Court is now in session.
12 PRESIDING JUDGE SCHMITT: [9:31:16] Good morning everyone.
13 Good morning, Ms Abbo.
14 Could the court officer please call the case.
15 THE COURT OFFICER: [9:31:25] Thank you, Mr President.
16 The situation in Uganda, case, The Prosecutor versus Dominic Ongwen, case
17 reference ICC-02/04-01/15.
18 And we are in open session.
19 PRESIDING JUDGE SCHMITT: [9:31:35] Thank you.
20 I ask for the appearances of the parties. First Ms Gilg for the Prosecution.
21 MS GILG: [9:31:45] Good morning, your Honours. Colleen Gilg for the
22 Prosecution, here today with Colin Black, Benjamin Gumpert, Paul Bradfield,
23 Yulia Nuzban, Pubudu Sachithanandan, Agnese Valenti, Jasmina Suljanovic,
24 Ramu Fatima Bittaye, Hai Do Duc. That's it.
25 PRESIDING JUDGE SCHMITT: [9:32:00] That's it indeed.

1 For the Legal Representatives of the Victims I see now a little bit more order and
2 structure than yesterday. Mrs Hirst first please.

3 MS HIRST: [9:32:10] Good morning, Mr President, your Honours. I'm Megan Hirst,
4 with me James Mawira, we're also joined today by Maria Radziejowska.

5 PRESIDING JUDGE SCHMITT: [9:32:20] Thank you.

6 And Mrs Massidda --

7 MS MASSIDDA: [9:32:20] Good morning, your Honour.

8 PRESIDING JUDGE SCHMITT: [9:32:20] -- in the right, in the right row this time.

9 MS MASSIDDA: [9:32:25] And I think that you notice the order that the -- indeed.
10 For the common Legal Representative team today in court, Orchlon Narantsetseg,
11 Caroline Walter, Innocent Mpoko, and myself Paolina Massidda.

12 PRESIDING JUDGE SCHMITT: [9:32:35] Thank you very much.

13 And for the Defence Mrs Bridgman please.

14 MS BRIDGMAN: [9:32:40] Good morning, your Honours. Abigail Bridgman, with
15 lead counsel Krispus Ayena Odongo, Chief Charles Achaleke Taku, Michael Rowse,
16 and our client Mr Ongwen is in Court.

17 PRESIDING JUDGE SCHMITT: [9:32:49] Thank you. And you can remain
18 standing, so to speak, because you have the floor, to continue your examination.

19 MS BRIDGMAN: [9:33:01] Thank you.

20 WITNESS: UGA-OTP-P-0445 (On former oath)

21 (The witness speaks English)

22 QUESTIONED BY MS BRIDGMAN: (Continuing)

23 Q. [9:33:08] Good morning, Dr Abbo.

24 A. [9:33:11] Good morning.

25 Q. [9:33:12] Yesterday you said that -- you acknowledged that you did not conduct

1 a forensic examination of Mr Ongwen and said that you belong to the school of
2 thought where you believe that would have been important for your evaluation, and
3 in particular you mentioned assessing his current mental state.

4 A. [9:33:39] Yes.

5 Q. [9:33:40] Why would this have been important if the matter before this Court is
6 for the period between 2002 and 2005?

7 A. [9:33:56] In psychiatric evaluation one has to go through the whole process in
8 order to completely understand the person, the individual. Yeah. And so if I
9 needed to really carry out a full psychiatric evaluation with a -- for forensic or for
10 anything else, I still needed to do a mental state exam.

11 Q. [9:34:42] Now, if you had been able to examine Mr Ongwen, can you briefly tell
12 this Court what you would have looked for.

13 A. [9:34:55] First I would have loved to hear his part of the story, and hear it from
14 him. That helps me to assess a number of issues as I hear the story, in terms of
15 picking up -- picking out consistencies, inconsistencies from what I would have read
16 in the documents and tallying up information, but particularly I would want to try
17 and understand the chronology of events regarding the alleged crimes that he
18 committed and establish whether -- and also try to understand his mental state at that
19 time of committing of crime, and so then I would try to align the information he is
20 giving me, the chronology of the events, and his mental state, and that would give me
21 an idea of whether or not he was, he was able to control his behaviours or the mental,
22 the mental -- the mental illness that he is reported to have suffered interfered with his
23 understanding of wrong and right.

24 However, the fact that I had the information that was there I could make some kind of
25 impression, but I couldn't -- it wasn't possible to be completely sure that he had a

1 mental illness.

2 Q. [9:37:21] Now, would you also have considered factors like his presentation, his
3 appearance, his -- the way he related with you during your interaction?

4 A. [9:37:40] For current mental state exam, yes, I would have. But that might not
5 tell me much how he was between 2002 and 2005. But I would -- for the current
6 functioning, for the current mental state I would definitely have to do that, to observe
7 all that, yeah.

8 Q. [9:38:07] Now for purposes of observation, is this something that you
9 make -- you take note of once, twice or over a series of interactions? How does
10 presentation interact with your own findings or how you -- the end evaluation of a
11 client, for instance?

12 A. [9:38:41] Longitudinal observation may give a more valid outcome. However,
13 we can make impressions once observation, twice, yeah. But longitudinal one makes
14 a -- makes a much more, you know, valid impression. Especially when you
15 behave -- observing behaviour, because there are some behaviours that might be
16 exhibited once, but there are those behaviours that are persistent and then you might
17 be able to have a better impression of that if you did a longitudinal observation.
18 And we usually do it with children whose verbal development or language
19 development is still very -- is still developing, and so we use a lot of observations to
20 make valid judgments.

21 Q. [9:39:52] Yesterday you also mentioned several diagnostic instruments that are
22 used in a mental statement evaluation. I just would like to know, as someone who
23 also has specialty in cultural -- in cultural aspects of your practice, do these
24 instruments always apply or sometimes you have to consider other factors when
25 you're applying these instruments or when you're making your final determination?

- 1 A. [9:40:36] Instruments I mentioned yesterday?
- 2 Q. [9:40:42] I think, for instance, you mentioned the Global Assessment of
3 Functioning assessment?
- 4 A. [9:40:49] Global. Yes, Global Assessment?
- 5 Q. [9:40:50] Yes, that and --
- 6 A. [9:40:52] Global Assessment of Functioning. Instruments are a useful part of
7 the evaluations that we carry out and they, they may have issues around validity,
8 particularly cultural validity. However, there are ways of going around that to try
9 and make the instrument useful. And one way is to go through what -- the
10 questions in the instrument and see whether those questions are applicable to the
11 culture in which you want to apply the instrument. And I think people who use the
12 instruments, those instruments, usually try to go through those basic check that needs
13 to be done to be able to apply that instrument to that culture.
- 14 But particularly for Global Assessment of Functioning, it is part of the DSM-5
15 diagnostic book that is used internationally and it is really used -- part of the way we
16 use the DSM-5 to make diagnosis. So it may not be like so much culturally -- I don't
17 know what word to use. It's a standardised instrument, if I can say that. Because
18 when we talk about functioning or impairment of functioning, if someone is impaired
19 in UK in terms *of their context, another individual is impaired, say, back in my
20 village. Impairment is impairment really, because we are talking about a functional
21 impairment in the context. Yeah.
- 22 Q. [9:43:34] Now, during your work I assume you read and listened and watched
23 all the materials that were given to you by the Prosecution, including the ones you
24 picked out on your own, but in your final conclusions were there some materials that
25 carried more weight than others?

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 A. [9:44:18] Depending on what my task was, there are some materials that I read
2 through but did not give me the information I was looking for. There are those that
3 gave me some information; there are those that -- *it's really just like if I'm reviewing
4 literature, there are some materials that I would not look at literally for anything.
5 There are those materials that I would consider just the abstract and then there are
6 those materials I would read the whole text. So -- and that is the principle that I
7 followed.

8 Q. [9:45:02] But reading your report I did not see, I may be wrong on this, but I did
9 not see which materials were more important to your conclusion than others. So is
10 this something that you normally would not put in a report?

11 A. [9:45:20] Generally I would, I would in the methods mentioned those materials
12 that I have used in that report. And then I wouldn't, I wouldn't have to put it in
13 conclusion, generally, yeah.

14 Q. [9:45:53] Thank you.

15 PRESIDING JUDGE SCHMITT: [9:45:54] But I think to be really fair also to the
16 expert, as I recall it in the expertise -- in the written expertise, there is I think in each
17 chapter, at least one example that you mention specifically. Would these examples
18 be seen by you as significant for your expertise?

19 THE WITNESS: [9:46:20] Yes.

20 MS BRIDGMAN: [9:46:23]

21 Q. [9:46:26] And just for housekeeping matters, we are going to refer to the binders
22 that you had looked at previously.

23 A. [9:46:40] Okay.

24 Q. [9:46:41] There is also a small yellow binder which is additional materials. It
25 should be somewhere.

- 1 A. [9:46:48] Here?
- 2 Q. [9:46:49] Yes.
- 3 A. [9:46:50] Okay.
- 4 Q. [9:46:50] I might have to refer to some of the materials therein at some point in
5 my --
- 6 A. [9:46:55] Okay.
- 7 Q. [9:46:56] -- questioning.
- 8 A. [9:46:57] Okay.
- 9 Q. [9:46:58] At page 0733 of your report, this is tab 1, UGA-OTP-0280-0732. You
10 indicated that you chose to assess Mr Ongwen's --
- 11 A. [9:47:29] Excuse me, just a moment. I'm not yet there.
- 12 Q. [9:47:32] I'm sorry.
- 13 A. [9:47:33] Which page?
- 14 Q. [9:47:35] 0733. It is the second page of your report.
- 15 A. [9:47:40] Okay. Yes.
- 16 Q. [9:47:43] You indicated that you chose to assess Mr Ongwen at the capacity of
17 adolescent years of 10 to 14 and you discussed what you called unfavourable
18 environment. What does this mean? What would an unfavourable environment
19 mean?
- 20 A. [9:48:11] Unfavourable environment would mean an environment that is not
21 supportive to development. It would mean -- okay, let me start this way: We know
22 the ingredients that is necessary for optimal development and that includes
23 environment that meets the basic needs of the child. It's an environment that -- that
24 offers a -- positive social relationships with, with the caregiver or an adult to support
25 the development, the social emotional development of the child and generally an

1 environment that is not toxic; that doesn't impact negatively on the development of
2 the child. Environment that is calm. Environment that doesn't have -- that doesn't
3 provide a lot of trauma to the child, trauma that is, that is that -- to the level of being
4 considered toxic to the brain.

5 Q. [9:49:47] I think you mentioned something yesterday, but correct me if I'm
6 wrong, that as human beings we draw conclusions about the world from our own
7 knowledge and experiences and the environment that we grow up in?

8 A. [9:50:04] Yes. Yeah. I think so, yeah, we -- we see the world from that -- from
9 the perspective that we -- how we experience it.

10 Q. [9:50:20] I was intrigued by that because I'm wondering what things like
11 propaganda or what is happening in the world lately about big data and the effect of
12 marketing and use of information, how does targeted information affect how we see
13 the world, briefly?

14 A. [9:50:49] Well, it depends on how we are, we are capable of evaluating the
15 information that is coming outside our world, yeah. So we have our world where
16 we use -- it's the lens through which we see the rest of the world, but we are not, we
17 are not completely closed from the other part of the world. So what happens is that
18 whatever is coming from outside, how we interpret that depends on how much we
19 are able to under -- to -- to put that in another perspective. If we do not have -- if
20 we've not been exposed enough, we have not gone to school, we have not -- we will
21 not -- we may not have that ability to interpret what is coming outside the world in
22 a -- in a different way. We might just look at it in that way that -- in the way that
23 we -- we view the world through our experience. I don't know whether that makes
24 sense. Sorry.

25 Q. [9:52:19] No, it's okay. It does make sense to me. And would you agree that

1 then how -- the source of that information, the outside information, how we view the
2 source of that information, for instance, if my father told me something, I'm most
3 likely to believe him than if it was a stranger just because of his status in my life.

4 Would you agree with me about that?

5 A. [9:52:50] To some extent I would agree with you. But if you have the ability to
6 reason out, perhaps you might not take it completely if you can reason out, yeah.

7 Q. [9:53:14] Now, we've heard evidence in this Court about the history of the
8 conflict in northern Uganda. Apart from a family setting that a child who grew up
9 in northern Uganda had, would there be any impact on how they perceive the world
10 they grow up in just because of living within that context of conflict, even before the
11 abduction?

12 A. [9:53:54] You have to break that down, please. Thank you. Or say that again.

13 Q. [9:54:04] No, that's okay. What impact, if any, would a child view the world
14 in -- growing up in northern Uganda due to the conflict that was happening even
15 before the abduction?

16 A. [9:54:40] Before the abduction, it again depends on where the child was living.
17 If the child was still living in a home setting where they had parents, they had other
18 relatives and their life was going on fairly well, that child is different, for example,
19 from a child who could have been in a camp where social way of family setting is
20 disrupted, perhaps not so much positive social interaction with a caregiver. And so
21 perhaps the one who is growing up in the camp might have a different, you know,
22 way of viewing the world from the one who is growing up in a family setting, yeah.

23 Q. [9:55:59] Let me give you a few examples. If a child grows up in a home, not in
24 a camp, let's say hearing about an illegitimate government, about the Museveni
25 government, for instance, being illegitimate and they're not for the Acholi people. So

1 I'm talking about, let's say, just after Museveni came to power, following the takeover
2 of power, if that is the kind of environment a child grows up in hearing that or things
3 like the Karamojong warriors, the cattle rustlers, are agents of the government to take
4 away the Acholi cattle and things like that, just from -- they're just stories, things that
5 children hear, would that have any impact whatsoever on how they view the world?

6 A. [9:57:09] To analyse whether or not that would have impact, I think that I would
7 still have to understand the kind of -- the relationship this child has with the parents
8 because if the parents are bringing up this child in such a way that they want the
9 child to be able to believe what is going around, then the child perhaps will most
10 likely have -- will take up that belief. But some parents have the ability to, you know,
11 to bring up their children in such a way that the children are able to think for
12 themselves, to create their own beliefs and so if that child is growing up in that kind
13 of environment, perhaps they may not take up the beliefs of the parents.

14 PRESIDING JUDGE SCHMITT: [9:58:30] Mrs Bridgman, this is all very abstract and
15 I also think that it has -- it's not at the core of a psychiatric expertise, I would say.
16 That we all, if we were lucky enough to have parents, are influenced by the education
17 of -- by our parents or influenced by the lessons that our parents teach us and, of
18 course, also by the environment, social, cultural, political, historical that we grow up
19 in. I think this is something that we perhaps could agree upon. To what extent this
20 might have influenced us, and to what extent this might have impacted on the mental
21 state later on, is something that you have to decide specifically and not -- you cannot
22 see this in an abstract manner I would -- it's just a remark by me, and Ms Abbo can
23 contradict me if she wants to.

24 THE WITNESS: [9:59:35] No comment.

25 PRESIDING JUDGE SCHMITT: [9:59:36] This is also telling, Ms Abbo.

1 MS BRIDGMAN: [9:59:41]

2 Q. [10:00:03] In your report you concluded that Mr Ongwen had a favourable early
3 childhood, a stable environment?

4 A. [10:00:16] Yeah.

5 Q. [10:00:18] On which basis did you come to this conclusion? Was it his
6 self-reported ...

7 A. [10:00:27] Mm-hmm.

8 Q. [10:00:28] That's what it was?

9 A. [10:00:29] No, no, no. It was, it was from reviewing the whole documents and
10 from -- which had some of his input from the experts' reports that I had. Particularly
11 Professor de Jong's report was really detailed in terms of his early upbringing where
12 he tells stories, and also from the fact that -- from the assessment of his interactions,
13 his abilities, what he's been able to achieve. Putting all that together it is the most
14 likely thing that it was his early childhood, his -- that gave him that springboard, that
15 background, that good background, and *it's unlikely that happens in an unstable, unsafe,
16 unnurturing environment.

17 Q. [10:01:59] Dr Mezey in her testimony talked about triangulation of information.

18 A. [10:02:09] Yes.

19 Q. [10:02:10] And my understanding of it, of her testimony, was that, apart from
20 what you learn from an interview, you have to corroborate it with some other
21 information from other sources.

22 Now, apart from what Mr Ongwen talked to Professor de Jong about his childhood,
23 did you find anything else that corroborated or at least -- was there any other way to
24 test any inconsistencies about what he believed his childhood was or his -- what he
25 said about his childhood?

1 A. [10:03:03] From himself, I would have loved to hear this from him, but also from,
2 from, for example, other people who may have witnessed his childhood. Perhaps if
3 his parents were there, maybe his -- people he would have grown up with, yeah, his
4 brothers, if he had peers that time. Yeah. However, it is unlikely that he was
5 telling lies or exaggerating about his childhood. It's most likely that what he was
6 talking about, narrating in terms of his life back on was reliable. Yeah.

7 Q. [10:04:14] Now, just a few minutes earlier you talked about what could be
8 different between a child who grows up at home and a child who grows up in a camp.
9 If I suggested to you or if you -- would it make any difference, especially for
10 Mr Ongwen, if you learnt that before his abduction, due to insecurity in his village, he
11 had moved away from his parents' home and was living with his sister, just in fear of
12 abduction?

13 A. [10:05:02] I missed that.

14 Q. [10:05:07] Would it make any difference if you knew that Mr Ongwen had left
15 his parents' home --

16 A. [10:05:14] Yeah.

17 Q. [10:05:14] -- to live with his sister, because of the insecurity, just before his
18 abduction?

19 A. [10:05:24] Not straightaway, and here is the reason: If he moved away from his
20 parents and went to his sister's place, the difference would be if there were
21 differential treatments. But if the sister could have taken the place of the parents and
22 so that relationship then continues, and so again it depends on the context in the
23 sister's place, but usually what happens is that when there is replacement of, of what
24 the other adult or parent was offering the child, then there would not be a difference.
25 The most important is that replacement where the gap has been created. So if that

1 replacement has taken, has taken up that space of the parent and is doing the same
2 thing that the parent would have been doing, there shouldn't be a difference.

3 Q. [10:06:48] Now help me to understand this: If the same child moved from the
4 village into the camp with his parents, would there be a difference at all or it still
5 would be minimal, if any?

6 A. [10:07:15] Again it depends on individual, individual assessments. The camp
7 environment might not be the same as the environment at the sister's home or at the
8 parents' home. We've had cases of people who have thrived even while they were in
9 the camp, and that comes out of the fact that the parents, the adult in that child's life,
10 has continued to offer that support, that relationship that the child needs to thrive, so
11 still it comes back to that core relationship between the child and the parent. But if
12 the camp life is going to affect the parents' life to offer that support, then it's going to
13 impact on the child.

14 Q. [10:08:19] Yesterday you talked about secure base and how children protest
15 separation.

16 A. [10:08:59] Yeah.

17 Q. [10:09:00] What does separation from parents do to adolescents, let's say
18 from - let's keep it to Mr Ongwen's age range - what would separation from the
19 parents and from that secure base, whether it was with his sister or with his real
20 parents, what would it have done to his mental state?

21 A. [10:09:36] Separation in terms of a secure base is meant to talk about the
22 anxieties that the child exhibits in that time period of 6 to about 14 months, and it tells
23 us that this child is securely attached when they protest that -- the separation. And
24 in development, in brain development, as children grow there is a time that we expect
25 them to begin to adapt to separation, for example, when they are taken from their

1 home environment early at the age of about 3 to start kindergarten, they may protest
2 in the beginning, but then they need to be supported so that they go to school,
3 because this is part of being -- going to school is part of development, so if you do not
4 support them to be in school then you are kind of, like, retarding their development,
5 so they are supported so that they are in school. And most, most are able to stay in
6 school. As you know, people go to school. But then there are a few who end up
7 coming to the psychiatric clinic because they cannot cope. Those are now -- that is
8 now where the problem comes.

9 So then they are in school up to about 12 when they get into adolescence, they are
10 getting into -- for a Ugandan situation usually they are getting into a time when they
11 are put into boarding school, and again there is some separation anxiety that could
12 happen around there. Again they are supported so that they are able to be in school.
13 So generally, as adolescents develop, we expect and it's part of individuation so that
14 they become independent beings and not -- so that individuation involves kind of like
15 gradual moving away from the parents, and in the cultural setting this is the time
16 when they would begin to build their own hut and move in there.

17 And so the separation you -- we are talking about, in terms of being removed from
18 that kind of environment to the environment of staying in the bush, is a little bit
19 different from the developmental separation that I was talking about yesterday.

20 Q. [10:12:50] I'm glad you brought up the point of being supported in the different
21 forms of separation.

22 Now, for children abducted at 10 years old, separated from their families, forced to
23 walk long distances in the bush, completely disoriented, without the hope of
24 returning of course at that point, and for Mr Ongwen at some point even knowing
25 that your parents have been killed, how does that affect one's mental state?

1 Even - sorry to interrupt - even without what we call the trauma of observing horrific
2 events, just that separation and the disorientation, eating strange food, now having to
3 socialise with strange people that you have never met in your life, what does that do?

4 A. [10:14:03] That of course sounds very unpleasant to anybody who is hearing it
5 and who is experiencing it. The initial or the most expected reaction to this kind of
6 unpleasant situation would be a negative one, the initial reaction would be a negative
7 one. But then that would now bring up the adaptive situation and -- which then
8 kicks in. And it's, it's what we usually describe as a normal reaction to an abnormal
9 situation; the situation is abnormal to whoever is hearing it. But the reaction that is
10 going on in this particular individual is a normal reaction, and that usually, given
11 time, so that the body adjust to this, to the abnormal situation.

12 It appears like for Mr Ongwen's case he could have gone through that adaptation and
13 came out, and that is why people are talking about resilience, he's resilient, he's
14 resilient, because he kind of like pulled out of this by going forward and, from all that
15 we've heard, continuing to be alive and to do the things that he has done. Yeah.

16 Q. [10:15:58] Now, when you add to that, the separation itself, when you add to it
17 witnessing brutal killings, we've heard testimony from different witnesses who were
18 forced to kill people, who were taken to attack homes or villages from those who
19 escaped or attempted to escape, who were forced to carry severed parts, body parts,
20 who were forced to sit on dead bodies. Now, when you add that to just the
21 separation and that feeling of I'm never going to go back home, can it have an impact
22 on the initial secure attachment? Is it possible to make a switch somewhere from
23 your initial upbringing to turn something in your brain? I hope I have managed to
24 ask a coherent question.

25 A. [10:17:27] Yes, I think I understand you. I really do not want to understand it

1 as making a switch, because in the brain it really doesn't happen that way, that you
2 turn on and off. What happens is that the wiring that would have been done earlier
3 on with the secure attachment is there, that that is there, however, these experiences
4 that you're getting might begin to kind of, like, rewire the brain in the opposite, in
5 another way for trauma, for -- so. But if there are mechanisms that are there to
6 dampen this experience, then the other one remains intact, because if there is
7 something that is also -- some other relationship that is also enhancing that one, so it's
8 kind of like a balance which one is winning, which one is -- so in this case it appears
9 that the one that would cause a lot of destruction might have been overpowered by,
10 by many factors that I described yesterday.

11 So it's not like you switch on and off. It's -- yeah. Because there are many neurons.

12 Q. [10:19:30] Now, while I was preparing for your testimony I tried to read up on
13 things, and I do not pretend to even know anywhere near what you know, but I
14 found some literature to suggest that communal living in some societies has
15 had -- has been found to have a positive effect on some mental health diseases?

16 A. [10:19:57] Yes.

17 Q. [10:19:58] That's correct?

18 A. [10:19:59] Especially schizophrenia.

19 Q. [10:20:05] Now, talking about that dampening, the way I have understood you,
20 we've had testimony in this Court, different witnesses who said that after they were
21 abducted they were distributed into households --

22 A. [10:20:29] Mm-hmm.

23 Q. [10:20:29] -- or kennels, which I think loosely alludes to cooking places in the
24 Acholi culture.

25 A. [10:20:39] Mm-hmm.

- 1 Q. [10:20:40] Which then gave a sense of familiar belonging.
- 2 A. [10:20:46] Yes.
- 3 Q. [10:20:47] Would this have had an impact in creating a false sense of protection
4 and belonging, even if it was flawed?
- 5 A. [10:21:07] Why false? Why a false sense of belonging?
- 6 Q. [10:21:11] Well, that's what I thought, but you can help me.
- 7 A. [10:21:17] Okay. I like the way you've described this context of households,
8 cooking places, and they're, they're individuals, these were people, yeah, and they
9 were living together and they were -- interrelationships, they were talking to each
10 other, they were relating to each other. And familial belonging, a sense of belonging,
11 I wouldn't want to call it false, because when -- it's my experience of belonging, so
12 someone else might look at it and say this is false but, to me, that is my experience,
13 that I belong to this place and I think that is -- that feeling of belonging is what is
14 important in terms of mental state. Yeah.
- 15 Q. [10:22:36] We've also had testimony in this Court from people who were in the
16 LRA around the same time with Mr Ongwen, and they testified about what they were
17 told.
- 18 Your Honours, if it's okay with the Chamber and the other participants I would like to
19 read a portion of P-70's testimony.
- 20 PRESIDING JUDGE SCHMITT: [10:23:20] Of course, why not?
- 21 MS BRIDGMAN: [10:23:22] And it is at transcript 107, page, pages 10 and 11.
- 22 PRESIDING JUDGE SCHMITT: [10:23:31] Yes.
- 23 MS BRIDGMAN: [10:23:34]
- 24 Q. [10:23:36] This witness was asked: "Upon your abduction, what were you told
25 about escaping from the Holy Spirit forces?"

1 He said:

2 "When I was abducted I was told that once you are abducted, if you attempt to escape
3 after your abduction, there is nothing other than death, you will be killed. Or if you
4 are able to escape, they will follow you to the home where you are abducted, they will
5 kill your family, they will kill people, a lot of people from the area where you are
6 abducted and they will burn everything.

7 "I do recall that on the day of my abduction my older brother was trying to resist
8 saying I was a young child and they should not take, they should ... take him. They
9 immediately beat him. They beat him with clubs and he died. I saw this, I
10 witnessed this with my own eyes."

11 And they further asked him:

12 "When people were abducted, did people in the Holy Spirit forces collect information
13 about the abductee?"

14 They says:

15 "That's correct. When you are abducted, they would write down your name, ... the
16 names of your parents, your mother, your father and the area from where you are
17 abducted. All that information would be recorded in a book."

18 Now, when I hear this my understanding of it is that there is -- the LRA or Joseph
19 Kony and his spirits tried to completely cut off children from their families and put
20 them into these new families.

21 A. [10:25:42] Yes.

22 Q. [10:25:43] But my question is, with the level of brutality and the level
23 indoctrination while, let me say, initiating you into your new family, how can this
24 impact one's mental health?

25 A. [10:26:04] Again, it's on a case-by-case basis. I really do not want to make like a

1 general statement, because I have seen children who, who have been in this kind of
2 situation that have had gross impact on their mental health that are brought for
3 assessment, and there are those who manage, you know, to cope. So I really
4 wouldn't want to make like a general, a general statement here.
5 There may have been those children who might have had negative impact, and there
6 are those who may not have had the negative impact.

7 Q. [10:27:18] I don't know if what I'm going to say would be a negative or a
8 positive impact, but can something like this cause a sense of hopelessness and
9 helplessness, for instance to deter one from escaping, and be seen as some form of
10 resilience?

11 A. [10:27:48] It could be -- it was of course meant to be a deterrent so that they
12 don't escape. And for children, yes, they may take it the way it is. But again, it also
13 depends on their perspective or the way they, the way they perceive it and the way
14 they look at it. If, for example, they look at it in a positive way, that this is, this is
15 what we are fighting for, this is, this is something that is going to turn out to be
16 positive in the end, then it might, you know, optimism, it might -- it might actually
17 give them a fair mental state other than someone who will take it in a negative way,
18 and then in that fair mental state it promotes some form of resilience.

19 Q. [10:29:29] We have heard testimony from at least two people and, again, with
20 your Honours permission, I will read some portions of it. This is for P-142,
21 transcript 73, page 9. This witness was asked: "Now, you spent time with
22 Mr Ongwen while you were in Sudan ..." He says "Yes. In fact, you and
23 Mr Ongwen would sometimes play games together; isn't that correct?"
24 He responded: "That's correct."

25 "You would play" games, "you would dance to music and sometimes you would even

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 act like girls, wearing dresses and creating fake breasts ... inside the dress; isn't that
2 correct, Mr Witness?"

3 He says: "That's correct."

4 Now that's one example. Then another witness --

5 PRESIDING JUDGE SCHMITT: [10:30:47] Mrs Bridgman, do we know when we
6 have to put -- when in time we have to put this? At what time this might have
7 happened?

8 MS BRIDGMAN: [10:30:55] For sure that was in the time in Sudan. I cannot say
9 any more in terms of years, but I would like to put it before operation iron fist or right
10 about there.

11 PRESIDING JUDGE SCHMITT: [10:31:08] I understand. Thank you.

12 MS BRIDGMAN: [10:31:10]

13 Q. [10:31:10] And then, another witness who also spent time with Mr Ongwen, and
14 this is P-70, transcript 107, page 53. He was asked: "Now, Mr Witness, according to
15 you, you were older than Dominic Ongwen, what parameters did you use to assess
16 the age between you and him?"

17 The witness responded:

18 "The reason why I say I am older than Dominic was that Dominic grew up very fast.
19 At the time when I was now more aware of myself, but I would see Dominic was
20 really a young person, and I would see that his level of understanding was much
21 lower than mine."

22 Do these statements -- again, I do not know the timeline for this particular one, but do
23 these statements support what in your report you say adolescent behaviour exhibited
24 by Mr Ongwen?

25 A. [10:32:28] Play games together, dance, act like girls, wear fake dresses, young

1 person. To some extent, to some extent, yes. Adolescence, the first statement,
2 acting like girls and wearing dresses, this usually we see it much, perhaps much
3 earlier, but also around adolescence, they're struggling with identity issues and one of
4 those identity issues is sexual orientation, and so it wouldn't really be something that
5 would -- considered pathological when -- when, for example, an adolescent
6 individual acts the opposite, the opposite sex or something like that.
7 The second aspect of it, well, in development, we -- we continue to develop even as
8 adults and what we usually -- what happens is that there are what might be called
9 strengths and weaknesses and we all have that; so we take a holistic approach.
10 There might be indicators of someone being -- acting as an adolescent as an adult, but
11 that might not be something that is persistent or something that is persistent or
12 something that is more frequent, which would make us conclude that this is the
13 person's way of being.
14 There might be instances once in a while where even adults might act like an
15 adolescent, but that might be once. *It also happens like, for example, in the Ugandan
16 parliament. They are adults there, but once in a while you see adolescent behaviour
17 in the parliament, so it doesn't make them -- we don't say that now they're adolescent.
18 So they're -- that is their continued way of being. So that's -- that's my sense, yeah.
19 PRESIDING JUDGE SCHMITT: [10:35:44] Perhaps if you allow me, Ms Bridgman,
20 for completeness, and it might also be helpful perhaps for Ms Abbo, the portion that
21 you have heard of the transcript and the questioning of this witness at the time
22 continues as follows. The next question by Mr Odongo was: "Now, Mr Witness,
23 since he was much younger than you, but you stayed for a long time with him, I'm
24 sure you had a fair opportunity to assess his character. Now, can you tell Court
25 what kind of person Dominic Ongwen was among his peers, in relation to his bosses

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 and that kind of thing?"

2 And the answer was: "Dominic Ongwen at the time when we were together, I did
3 not see any queer or unusual behaviour or whether it was, you know, fears or that he
4 was unfriendly or that he would do things on his own, I did not observe. I did not
5 see any bad behaviours in him."

6 THE WITNESS: [10:36:46] Yeah.

7 PRESIDING JUDGE SCHMITT: [10:36:47] So listening to that, does that in any way
8 or do you want to comment on this in any way?

9 THE WITNESS: [10:36:56] Yes, thank you, your Honour. This really supports my
10 initial labouring to try and explain that he could have had some adolescent
11 behaviours here and there, but when you look at him holistically, that might not be
12 what characterises him. Yeah. Thank you.

13 MS BRIDGMAN: [10:37:26]

14 Q. [10:37:32] Looking at page 0735 of your report.

15 A. [10:37:51] Okay, yes.

16 Q. [10:37:52] You quote Halpern, and I cannot pronounce this name, Figueiras;
17 that's footnote 7, and you say that: "From conception onward the intellectual,
18 emotional, and physical attributes individuals develop are strongly influenced by
19 their personal behaviours and physical processes, interactions with the physical
20 environment, and interactions with other people, groups and institutions."

21 A. [10:38:23] Yes.

22 Q. [10:38:24] Now, this is the ecological theory of development, is that correct?

23 A. [10:38:28] Yeah.

24 Q. [10:38:32] And this theory of development also concludes or at least seems to
25 say that social and psychological factors are more influential in a child's mental health

1 development than their individual intrinsic characteristics, isn't that correct?

2 A. [10:38:57] You're talking about the environment, yes.

3 Q. [10:39:03] Yes. And isn't it also true that that theory seems to support the
4 argument that developmental and behavioural disorders rely more on the amount of
5 risk -- no, rely more on the amount other than -- not the nature of the risk factors. So
6 for instance, if someone is exposed to continuous multiple traumatic events, that
7 might affect them more than how severe one event might be?

8 A. [10:40:01] Being exposed to multiple events vis-à-vis how severe that
9 event -- that particular event might be, I need to think a little bit deeper about this, but
10 *I think in a sense it still comes back to the support that this individual has at that
11 particular time of suffering these events, and yes, I do agree with you that the
12 environment, the environment might weigh more because you can be heavily
13 genetically loaded, but if your environment is not that -- is very supportive, then you
14 might not develop the problems, the disease, but better still, if you have very good
15 intrinsic abilities and supportive environment, the likelihood that you will strive
16 better is more. So I really think it still boils down to what an individual has in terms
17 of, in terms of support and dampening down the effects of severe trauma or multiple
18 trauma. Yeah.

19 Q. [10:42:07] Yesterday we briefly talked about delusions.

20 A. [10:42:22] Yes, please.

21 Q. [10:42:24] And you alluded to the church people in Uganda. I assume you were
22 talking about Joe Kibwetere and the Ten Commandments cult?

23 A. [10:42:47] And Credonia, yes.

24 Q. [10:42:51] Yes.

25 A. [10:42:52] Yeah.

1 Q. [10:42:53] And for the booth, the spelling for Kibwetere is K-I-B-W-E-T-E-R-E.
2 Now, isn't it true that people can act on their delusions in very dramatic ways? For
3 instance, the -- that -- that event that happened?

4 A. [10:43:18] People can act on their delusions, yes.

5 Q. [10:43:23] And they can hold these delusions for a very long period of time,
6 correct?

7 A. [10:43:30] Yes.

8 Q. [10:43:31] Now, are they still capable of -- outside of that arena of their delusions,
9 are they still able to function what I would say normally to other people? That you
10 can hold a delusion in one area and yet be able to survive in the environment in
11 which you are in?

12 A. [10:43:58] In some cases there is what we call circumscribed delusion where one
13 can hold that delusion and function in other areas. However, these type of delusions
14 usually are delusions that are not, are not paranoid delusions. Paranoid delusions or
15 persecutory delusions are usually those delusions that interfere with functioning
16 elsewhere, you know.

17 But this one that can be held the circumscribed delusion are usually those delusions
18 that are about the -- for example, if we go back to Kibwetere, the delusion was about
19 end of the world and it was shared with a few other people and then they brought in
20 many more who may not have really like been deluded, but they followed the
21 delusion and believed it.

22 The ones, the followers, some -- when we get these people, for example, and we
23 assess them, the real sick people usually are the leaders and the followers may really
24 not be the ones who were deluded, they are just following. So it's the leaders, the
25 leader who is usually the one who is the sick person. And so a way of managing

1 them most of the time is just to separate and then you treat the leader. And these
2 other people, if you observe them, the delusion will just resolve even without -- I
3 mean that belief will be resolved even without treatment.

4 I hope I've answered your question. I seem to be winding a lot but ...

5 Q. [10:46:22] I think that makes the two of us.

6 You have brought into my mind two things. One is that separation of the deluded
7 individual from his followers and then the core belief whether the follower is a
8 believer -- is deluded or not.

9 A. [10:46:54] Yes.

10 Q. [10:46:54] Now we've heard a lot of testimony about Joseph Kony's personality
11 or ability to read people's minds, ability to predict events and things like that. And
12 with Court's permission I would read to you something that one of the witnesses said.
13 Your Honours, this is at P-379, transcript 59, I believe page 80.

14 This witness said: "The shea butter smearing ritual, well, when you are
15 being -- during this ritual you are informed that the signs that are being put on your
16 body, the -- they have prayed, the oil has been blessed, the shea butter has been
17 blessed by the Holy Spirit, so if you decide to escape you are going to be blinded, you
18 are going to walk around in circles and come back to the same position and you will
19 be killed. If there are bullets, if you run away ... from the direction of the bullets,
20 then you will be shot.

21 You are also told that if you escape -- if you do manage to escape on some occasion,
22 whether or not you have been smeared with the shea butter, you will be killed
23 because you have ultimately refused the LRA.

24 At the time I knew or * I believed that that was something that happened, I believed
25 that the shea butter and the other things that they talked about relating to the Holy

1 Spirit, if I misbehaved then I would die." And he goes on.

2 And my question is: Does this sound like a person who is deluded or who is just
3 following a leader who is deluded?

4 MR GUMPERT: [10:49:12] Your Honours, I'm sorry, but I must object here.

5 Previously your Honour read on to a later passage, only a few lines later, in which a
6 witness spoke further. In my respectful submission, I don't know if your Honour
7 has the transcript open, well, I can paraphrase. Ms Bridgman has read absolutely
8 accurately up until now. What she hasn't read is that the witness went on to say:
9 *"But after a little bit, I came to realise that none of this was true and I didn't believe it
10 any more when I saw that none of these things happened."

11 I think if this is to be a fair question to this witness she ought to be told of that part as
12 well.

13 PRESIDING JUDGE SCHMITT: So I --

14 MS BRIDGMAN: [10:49:53] Your Honour, may I say something?

15 PRESIDING JUDGE SCHMITT: [10:49:55] Of course you may say something. And
16 then I say something. Please.

17 MS BRIDGMAN: [10:49:59] I am happy to say more, to read on, but my question
18 was up to that point and I think Mr Gumpert did not give me an opportunity to ask
19 any follow-up questions. My question was up to that point and it was relevant for
20 just that portion of the witness's testimony.

21 PRESIDING JUDGE SCHMITT: [10:50:18] I agree with you. You don't have to read
22 everything at once, so you can put a question in between, so to speak. But I would
23 appreciate it, insofar I agree with Mr Gumpert, if indeed also the last portion is then
24 put to the witness. If you won't do it, I do it like the last time. So please continue.

25 THE WITNESS: [10:50:46] Please ask the question again.

1 MS BRIDGMAN: [10:50:50]

2 Q. [10:50:50] My question was up to the point that I read to you --

3 A. Yes.

4 Q. -- was this -- does this sound like a person who is deluded or who is just
5 following a delusioned -- a deluded person? Is it a delusioned person? A sick
6 person.

7 A. [10:51:09] I think I would like to begin to look at it from the survival point of
8 view because the person says "I would die if, I believed I would die if I didn't." So
9 for me I would like to look at it that way, that this was a survival, a survival strategy
10 really, yeah.

11 PRESIDING JUDGE SCHMITT: [10:51:41] And I think it's -- I now have it in front of
12 me and I have read on and there is also now mentioning of brainwashing, it might
13 perhaps really be interesting for the expert to put it to her. I can do it if I may.

14 MS BRIDGMAN: [10:51:57] Yes, your Honour.

15 PRESIDING JUDGE SCHMITT: [10:51:58] So this portion exactly where the same
16 witness goes on like follows, that's from lines 15 onwards:

17 "Well, afterwards I saw people escaping. Nobody would walk -- would be blinded
18 and walk around in circles and come back, nobody would be killed. If you are lucky,
19 if you are lucky, you manage to escape you will get away. If you are unlucky, then
20 you apprehended, you are brought back and you are killed or punished. After a
21 while, I thought about this and I thought, mmm, I don't think this is the truth, I don't
22 think they are telling us the absolute truth about all these rituals. And I thought,
23 okay, they look at us and they look at the children and decide that if we brainwash
24 children of this age then they will believe it. So it got to one point and I decided
25 okay, I really don't care what's going to happen, if it's death, then it's death, but it's

1 one of the things that at the beginning made me extremely afraid."

2 And since we have here an expert who is specialised in child, childhood and
3 adolescent psychiatry, it might also for you from a professional point of view be quite
4 interesting what this portion tells.

5 THE WITNESS: [10:53:39] I think two aspects come out for me from this portion.

6 The first one, as I mentioned, is survival. And the second one is the way -- actually
7 three. The second one is the way we form beliefs and verify them or discard them as
8 we grow. And the third one is the developmental perspective which brings in the
9 brainwashing.

10 So this individual was made to believe certain things and what was in there was also
11 his own survival, so he was told that if you don't do this, if this happens like this, you
12 would die. Of course the natural instinct is to do things that will keep you alive
13 regardless of what that would be. So this was, in this case it was a belief and he had
14 to believe so that he can survive.

15 The second thing is that we form our beliefs through various ways, but the one that is
16 most prominent is by hearing things or seeing how things are done and -- or being
17 told and then you believe. But as you begin to get more information, more
18 awareness, you begin to question some of your beliefs and then you can discard as
19 you -- as it -- as it helps you. Whatever helps you, you keep it. What doesn't help
20 you, you can throw it away.

21 Now he got to that point and he said, okay, it looks like some of these
22 things -- because he had experienced, he had seen and so he was questioning what he
23 had been told. And so he says that it looks like at this -- some of these things are not
24 true, you might just be lucky or not, I will go on and try my luck. And perhaps
25 maybe that's what he did. And he could have been lucky.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 So the third issue is the brainwashing, which happens when an individual is not
2 given opportunity to weigh sides or to question or to have different kind of
3 experiences. And this seems to be that, this seems to be that the thing that was used
4 here. And being children usually their life, even when they are in a home their life
5 depends on -- they are dependents, they are depend on adults. But in this case their
6 whole life was dependent on the adults that were in their vicinity.
7 And so for that reason all their focus and their perspective is focussed on this adult.
8 It's like when you put an individual in a room, in a dark room and you just shine light
9 from one pinhole and the only thing they are seeing is that light and you're telling
10 them things that you cut them off from the other sensory stimuli and that is the only
11 thing they are seeing. And it looks like this could have been the kind of
12 environment that the leaders of this -- I don't know whether I should call them
13 organisation, it looks like that is the kind of environment they wanted to create.
14 I don't know whether they were successful in creating that kind of environment
15 because if we hear stories like this witness saying that he came to a point and he
16 realised, so maybe they are not very successful in creating that kind of environment
17 because there are some individuals who came to that point and they realised,
18 mm-mm, there is something here that is not adding up, let me try and do it my way
19 or see it my way. So there was that possibility of -- it was not completely like dark,
20 there was something that was left there, the relationships, the opportunity to think
21 otherwise, yeah.

22 I hope I made a point.

23 PRESIDING JUDGE SCHMITT: [10:59:13] Thank you very much.

24 I think it's now time for the break until 11.30. Thank you.

25 THE COURT USHER: [10:59:18] All rise.

1 (Recess taken at 10.59 a.m.)

2 (Upon resuming in open session at 11.31 a.m.)

3 THE COURT USHER: [11:31:27] All rise.

4 PRESIDING JUDGE SCHMITT: [11:31:48] Mrs Bridgman, you still have the floor.

5 MS BRIDGMAN: [11:31:53] Thank you, your Honour. And for the record

6 Mr Thomas Obhof has joined the Defence team.

7 PRESIDING JUDGE SCHMITT: [11:31:58] Indeed.

8 MS BRIDGMAN: [11:32:08]

9 Q. [11:32:10] Dr Abbo.

10 A. [11:32:14] Yes, please.

11 Q. [11:32:17] We were talking about survival and life in the bush, generally
12 speaking, and what people believed or didn't believe and brainwashing.

13 A. [11:32:26] Yes.

14 Q. [11:32:39] We've heard testimony in this court about that fearfulness or how
15 people who had even managed to escape or be rescued from the LRA were still very
16 fearful of Joseph Kony and how they felt that even when they had returned home he
17 was still able to know what they were thinking.

18 I just want to ask you, and I think you alluded to it earlier about the removal of an
19 individual from a certain environment where delusions are held to kind of move
20 them away from believing in what they do. For the case of the abducted children
21 who are still very fearful even after they returned, what does that tell us about their
22 mental state, generally speaking?

23 A. [11:33:54] Fear in itself, it's -- it has a survival benefit, it has -- it's -- it keeps us
24 alive and awake and so fear in itself wouldn't be regarded as something that is
25 pathological until someone does assessment to determine whether it is excessive or

1 unreasonable or persistent. And that is when someone can say that this, this fear
2 that someone is holding is, is of concern or is pathological. So myself, until I am able
3 to -- until I am -- I carry out an assessment, I cannot take it at face value that someone
4 who is exhibiting fear, there is a -- there is a problem.

5 Q. [11:35:22] We have heard testimony from some former LRA people -- and,
6 your Honours, I'm referring to P-172, in particular transcript 114, at page 14 -- who
7 were tasked to deal with spirituality in the LRA. This particular individual was
8 involved in the spiritual matters of the LRA. And again I'm going to read for you
9 some of the things that he said. He was asked:

10 "Now, Mr Witness ... as somebody who understands spirituality, we want you to
11 really help this Court to understand the impact of the knowledge that Kony had
12 special spiritual attributes on the LRA soldiers. What impact did it have on the LRA
13 soldiers?"

14 And he responded:

15 "The issue about" Joseph "Kony possessing Holy Spirit make people fear him a lot,
16 because the spirit is an equivalent of God. If he says this has been said by the spirit,
17 you will just know, you would feel, really feel that this is a message from God and
18 you will have to follow it. You will not even think about anything else. You will be
19 scared, you will feel weak and you will strictly adhere to what he says, because the
20 spirit comes from God."

21 Considering that these were children abducted at a young age, considering that
22 Mr Ongwen came from a very religious family, considering that if we use your
23 baseline that he had a secure attachment of a child, in the Acholi culture, what do you
24 have to comment about this witness's testimony in relation to Mr Ongwen?

25 A. [11:38:03] In relation to Mr Ongwen when, first of all, this, this witness's

1 description that we have here, it's really like not so unusual in terms of the beliefs that
2 people can generally hold about holy spirit or even evil spirits or bad spirits, there are
3 many spirits. And an individual can be -- if they say it's coming from God, maybe
4 God with small, g, God with big G. So this description, it's not out of the blue. So
5 when we bring in Mr Ongwen who came from a religious background and then gets
6 into this environment that holds not so different view about, about religion, about
7 spirits, it kind of like links him up in terms of his, in terms of his development. And
8 so he is, he is likely to, to get into it and perhaps not, not question it that much until
9 a certain maybe period of time. Yeah.

10 Q. [11:39:57] Now, to take you back to delusions.

11 A. [11:40:00] Yes. And I also wanted to go back there so let's wait. I needed to
12 explain something more.

13 Q. [11:40:07] I will give you the first opportunity to explain what you wanted to
14 explain.

15 A. [11:40:11] Okay. I think we have gone back and forth regarding delusions, but
16 I thought it is important that I do a little bit of additional explanation, beginning with
17 the way it's defined, basic definition, as a firmly held false belief that is contrary to
18 one's social understanding and, and religion. That is basic and, however, we have
19 that level of that definition, but clinically we move up a different level and perhaps
20 up a another level. I'm going to explain the levels that I'm talking about.

21 When we do an assessment to find out whether or not someone is deluded, we go
22 into a process of checking each one of these definitions. Is it firmly held? So we do
23 everything possible to make sure it is firmly held. And that is not enough. We also
24 ask is it false? So we do everything possible to confirm that it is false. Is it contrary
25 to what the general community or society believes, or religion? And also again we

1 do everything possible to do that.

2 But there are some instances where -- for example, when someone, when someone

3 shakes it themselves like that, that other witness, who seemed to have shaken the

4 belief himself and he said, mmm, I felt this was just luck, at that point, really, it's not

5 firmly held. But there are instances where it's -- it becomes a little bit complicated to

6 determine whether it is false or not. An example is when someone says that, okay,

7 when someone has a delusion of *jealousy, sometimes called pathological jealousy,

8 they strongly believe that their intimate partner is cheating on them and they will do

9 everything to try and make sure they catch this person, including smelling their

10 clothes, taking their underpants and doing -- I mean looking for evidence. But also

11 they might go by the roadside and just smash other men's cars without, you

12 know -- and this is how then they get to hospital.

13 So now when they come they are impaired functionally, but then the clinician will

14 have the issue of determining whether this is false or not, because how can you -- you

15 know, is it possible this person's partner could be having affair outside the

16 relationship? Yes, it is possible.

17 So that is where -- and then the other issue of determining whether it is held by other

18 people in the environment is also another crucial issue, because it might be held by

19 other people, but it might actually be pathological. Yeah. And I have given that

20 example.

21 Then the third level is the usefulness this delusion is serving in this, in this particular

22 person who is holding it. And sometimes we have seen people who are heavily

23 deluded and there is some kind of purpose maybe it serves for them and it's really

24 not -- it has not -- you can't shake it with anything, even medication does not shake it

25 and so they live with their delusion.

1 So I think that we really do not want to generalise and we need to maybe go in case
2 by case in terms of clinical assessment and make clinical judgment based on what
3 you are faced with, yeah. Thank you.

4 Q. [11:44:55] Thank you for that clarification.

5 And now my question that I was wondering about is: When you separate the sick
6 person, the one who holds the delusion, and the followers, what is the baseline that
7 you can determine whether the follower then becomes a sick person? For instance,
8 in the case of child soldiers, let's take the testimony of the person I read to you.

9 A. [11:45:35] Yes.

10 Q. [11:45:37] Assuming -- this is just a hypothesis. Assuming that his beliefs
11 started to be shaken a little bit, maybe he waited for the most opportune moment to
12 escape, life or death, meanwhile he is still within the LRA doing what he is told to do.
13 Would you say that he has adopted the LRA way of life? Or he is just waiting for the
14 best opportunity? Can you say now he is part of the deluded people?

15 A. [11:46:16] It's survival strategy.

16 Q. [11:46:18] Thank you. Another witness testified -- and your Honours, this is
17 Professor Tim Allen's testimony, transcript 28, page 91. He said, and I just would
18 like you to comment on what he said, but I will read it to you.

19 A. [11:47:01] Okay.

20 Q. He says: "It seems reasonable to state that to take a young person, in some
21 cases let us --" say "in many cases, in hundreds of cases, thousands of cases, someone
22 in their early teens and take them into a different moral space where certain kinds of
23 acts are rewarded and others punished has certain kinds of deep effects.

24 It is unsurprising that many young people show signs of having been drawn into
25 a world in which a conventional moral compass, if I can use that kind of colloquial

1 experience, is set to one side.

2 I referred earlier to the way that the LRA were referred to as olum, the bush. The

3 bush in Acholi society is a place in which all sorts of moral acts, all sorts of ideas

4 about morality change, and I'm assuming one of the reasons why we have been

5 directed to this particular chapter is it's a compelling account of what some "people "...

6 some of those who went through the process describe as their experiences ..."

7 What do you comment about this idea that when you -- when some people were

8 taken into the bush into a different moral compass, they might have been drawn into

9 those kinds of behaviours?

10 A. [11:48:45] Again, this is -- it's generalisation, we are looking at it generally. If

11 you look at it at the surface, the answer might be it is possible that they get drawn to,

12 to these ways of behaviours. But looking at it individually, then you begin to see the

13 variations that happen; so I wouldn't want to generalise.

14 Q. [11:49:50] At page 0734 of your report --

15 A. [11:50:05] Yes, please.

16 Q. [11:50:07] -- at 3.4, you talk about -- just a second, let me orient myself.

17 A. [11:50:33] Okay, okay.

18 PRESIDING JUDGE SCHMITT: [11:50:38] I think the development level you have

19 covered already, I would suggest.

20 MS BRIDGMAN: [11:50:44] I have. But there is a question that I just want her to

21 clarify.

22 Q. The very first sentence where you talk about some of the factors that you had

23 discussed may be an indication of an arrested psychological development.

24 A. [11:51:03] Yes.

25 Q. [11:51:07] What do you mean by arrested psychological development?

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 A. [11:51:14] Development that has not gone up to the end, up to the -- what we
2 call, mature development, and I indicate in my report what I was looking for in those
3 areas. For example, a cognitive development, if, for example, in my assessment I
4 concluded that this person has intellectual disability, which is a developmental
5 disorder, that that would mean that there was something either during his
6 development that halted it or he was born with it. There -- there is some other issue.
7 So those are the -- that's the kind of aspects that I was looking for.

8 Q. [11:52:23] You also made a comment at page 0752.

9 A. [11:52:33] 0752.

10 PRESIDING JUDGE SCHMITT: [11:52:47] That's page 21 of your report.

11 THE WITNESS: [11:52:49] Yes, I've seen it. Thank you.

12 MS BRIDGMAN: [11:52:52]

13 Q. [11:52:53] 7.2, you refer to Sue Hawkrigde who "... notes that a child may have
14 a perspective of right and wrong, but lacks an adult understanding of these concepts,
15 including the ability to foresee the possible consequences of his or her actions."

16 A. [11:53:16] Yes.

17 Q. [11:53:17] Is this something that may also be impacted by that arrested
18 development or --

19 A. [11:53:24] Yes.

20 Q. [11:53:24] -- a break into --

21 A. [11:53:25] Yes.

22 Q. [11:53:26] -- normal development?

23 A. [11:53:32] Yes.

24 Q. [11:53:41] Now, going back to the LRA, we've heard testimony of how weakness
25 was not tolerated. If you were too weak to walk, you would be killed; if you were

1 a coward and were not able to fight, you would be punished. There was scarcity of
2 food and supplies.

3 A. [11:54:12] Yes.

4 Q. [11:54:14] This kind of environment, would it have any impact on how one
5 assessed, let's say, their survival -- how one formulated their survival strategy?

6 A. [11:54:38] The answer is yes. And those who formulates their survival strategy
7 in the way that promotes their survival, survive, and -- and you have to have some
8 level of intellect to, to make those strategies. Yes, and I think that Mr Ongwen
9 demonstrates very well how he navigated through this to be able to, to come out of
10 this. An example is when he negotiated with his team about some attack where he
11 told them, "I'm feeling weak, but let's, let's organise this ourselves in here." He
12 couldn't come out openly to his leader to say that, you know, "I am weak"
13 because -- because it's, it's not acceptable to be weak to the leader. But because of his
14 ability to reason and to navigate survival strategies, he was able to stay behind and
15 instruct other people and then, you know, and it remained there without getting to
16 the leader and showing that he was weak. And because he's known as a brave
17 person, then he gets promotion and, yeah. And all this then supports or enhances
18 his survival and his resilience.

19 Q. [11:56:22] Is it possible that one can have challenges with development, let's say,
20 arrested development and still be able to survive? Or to have, let's say, enough
21 capacity to survive on a day-to-day basis or to think of ways to sustain themselves in
22 the environment they find themselves in?

23 A. [11:56:55] The environment matters a lot in terms of, in terms of that -- in terms
24 of the person who might have had arrested development and, and then they are able
25 to survive. Yeah. But the -- the environment in which they are surviving in matters

1 in terms of giving them that support. And so that there's some kind of balance here,
2 that you have an arrested development and you're in an environment that is not
3 supportive, you're less likely to be able to manage on your own because the
4 environment is not supportive. But you have, you have a development which is not
5 arrested and you are in an environment that is not supportive, then your positives,
6 your abilities will then balance out on this and then you are able to navigate the
7 difficulties.

8 Q. [11:58:19] At page 0753 of your report, and this is 7.6, it's page 22 of your report.

9 A. [11:58:36] Yes.

10 Q. [11:58:37] You talk about impulse control, susceptibility to influence from peers.
11 How does this play out in an environment like the LRA for abducted children who
12 are trying to survive?

13 A. [11:59:13] Again, I really wouldn't want to, to generalise, but then if you have
14 a developing individual who is still in the process of learning how to control impulses,
15 how to reason out and you put it -- you put them in an environment that is not going
16 to support this, then it might not be possible for them to fully develop impulse control.
17 And, yeah, non-susceptibility from peers, yes, again, people who have arrested
18 psychosocial development might be very naïve and not, and not reason out certain
19 things and so they may just follow. We see this in people with arrested psychosocial
20 development being used by, for example, thugs or other people to go and do certain
21 things because they would not question. And so this is, this is the perspective that
22 I was looking for here in terms of assessing Mr Ongwen. Yeah.

23 Q. [12:01:20] Again focusing on arrested development and the conditions of life in
24 the bush, including the indoctrination that the children went through, can this impact
25 a child's ability to assess danger? Its imminence, how intense it is and things like

1 that? For instance, if you believe that Kony knows what you're thinking, can this
2 have an impact on what you think you can or cannot do?

3 A. [12:02:06] Well, as I described earlier about indoctrination, if Kony was
4 a hundred per cent successful in doing this, then the answer would be, yes, it would
5 have an impact on the way they view things. But it appears like again on individual,
6 individual-by-individual basis, there was some room that was left in terms of full
7 indoctrination, that might not have been by design, but perhaps they did not succeed
8 in fully indoctrinating these people.

9 Q. [12:03:10] Thank you.

10 MS BRIDGMAN: Your Honours, may I have a minute to consult?

11 PRESIDING JUDGE SCHMITT: [12:03:15] Of course.

12 (Counsel confer)

13 MS BRIDGMAN: [12:04:16]

14 Q. [12:04:16] Now -- thank you, your Honours, for the -- once a child or anybody
15 has been removed from unfavourable circumstances, or once they have started to
16 shake their own beliefs, let's put it that way, is it possible that you can quickly move
17 from one stage of development to another, for instance, to start seeing, like that
18 witness whose testimony I read to you, to jump and start to see things for what they
19 really are at a later stage of your life, to be more aware and mindful of the
20 environment that you thought you understood before? I don't know if I have made
21 sense.

22 A. [12:05:09] Initially I thought I had understood you, but when you added the
23 next --

24 Q. [12:05:13] So let me try to rephrase my question.

25 A. [12:05:16] Yes. Mm-hmm.

1 Q. [12:05:20] Is it possible that once you have, let's call it the arrested development,
2 that you are removed from the once favourable environment into the unfavourable
3 environment and you start to see things for what they are, would I call it like a jump
4 in the development stages, can that happen?

5 A. [12:05:48] Just like it takes time to develop, the development takes time, and
6 when something happens and you need to reverse that, it also takes time. As I, as I
7 explained earlier, it can't be like a switch, because what is happening is that you are
8 rewiring the brain and so that rewiring in this favourable environment takes time to,
9 to happen. Yeah.

10 And so if, for example, someone had, had trauma related mental illness resulting
11 from the trauma they had experienced earlier and they are removed from that
12 traumatic, traumatic environment and brought to an environment which is not
13 traumatic, the first thing that happens is the fact that they have been removed to
14 a safe place. But then, if they had been traumatised, this may have -- the system may
15 have already been geared to operate in a certain way. So even with that removal you
16 would still see that, you know, they have -- they have stresses of trauma in them. So
17 that also then takes, takes time to improve with, with treatment.

18 Q. [12:08:26] Yesterday while you were commenting on some of the testimony that
19 the Prosecution gave you, you talked about Mr Ongwen's concept of a child.

20 A. [12:08:38] Yes.

21 Q. [12:08:39] And you said at page 58 of yesterday's transcript, "... Mr Ongwen's
22 concept of a child which could have been carried on from his own experience of
23 having been abducted as a child and he became a soldier, then and so his" -- I believe
24 that's meant to be "concept of a child is a soldier and not a child because that is what
25 he experienced as himself."

1 Would I understand your statement to imply that he may not have appreciated the
2 wrongfulness of children in the LRA as soldiers?

3 A. [12:09:31] By this statement here, by this statement that was written out here,
4 and by, by my interpretation, it's -- okay, let me say, let me start like this: The
5 current -- I would have to assess Mr Ongwen to understand his current thoughts
6 about having children as soldiers. However, at -- that is current, but at that time
7 when he was, when he was interacting with this, with this witness, and he had this
8 response, it meant that that is how he viewed the children around him and, and that
9 is the way he understood the children around him as soldiers.

10 And that understanding, it's most likely derived from the fact that him as a child
11 became a soldier and so he may not see why, or he may not see the alternative of, of
12 not having -- of, of these children around him are soldiers because he himself was
13 a soldier. That was his experience. And so if -- and that is how he looked at it. He
14 may not even have thought about it when he was saying this because he is talking
15 through what his experience was at that level. Yeah. But I don't know what he
16 holds now. Maybe it's different. Yeah.

17 Q. [12:11:52] Thank you, Dr Abbo. I will move on. You talked about Vigil's gang
18 socialisation theory. Would you say that his theory would be applicable to the LRA?

19 A. [12:12:18] I used this theory to help me understand what I was finding and, and
20 put it into perspective. And I think that it could be applicable, this, the gang theory.

21 Q. [12:12:54] Now, to be honest, I don't know on what basis Vigil came to this
22 conclusion, but my general understanding is that gang members go home, they have
23 a home to go back to, they are not removed from their homes completely. Does this
24 make any difference? If indeed that was on the basis on which he came to his
25 conclusions.

1 A. [12:13:29] I think that the issue about this theory and from my standpoint was
2 not about whether someone goes home or not, because, you see, you can go home but
3 that home offers you nothing in terms of a relationship. Yeah. So it wouldn't
4 matter. What mattered were the key issues that I pointed out in that theory which I
5 linked to Ongwen's circumstance and then concluded. Yeah.

6 Q. [12:14:05] I appreciate that. Now, looking at your conclusions on moral
7 development, from pages 0741 to 0744, and this is just generally speaking, you gave
8 several conclusions, it appears to me that you believe the evidence shows that
9 Mr Ongwen was a well-rounded individual; is that correct?

10 A. [12:14:55] I will just get back there.

11 Q. [12:15:10] So the entire section on developmental assessment.

12 A. [12:15:14] Yes.

13 Q. [12:15:19] Isn't it a contradiction that you still chose to evaluate him at the age
14 range of 10 to 14 years old?

15 A. [12:15:29] That, as you see from my report, that was the beginning of my report.
16 And, and why I began at that point is that I wanted to be sure that whatever would
17 follow would be in line with my finding about his development. And so when I did
18 the assessment, the developmental assessment, I, I then had a general conclusion that
19 he had, you know, he had developed and therefore I proceeded to complete my
20 report on that line that, you know, that he is -- I am dealing with someone who does
21 not have developmental issues. And I think that made me comfortable as a child
22 and adolescent psychiatrist.

23 PRESIDING JUDGE SCHMITT: [12:16:36] Perhaps for my understanding, I
24 understood your expertise as that you take a holistic approach, holistic now in a sense
25 that you take the whole development of a person and referring -- you are referring to

1 these early ages as the roots, possible, potential roots of later behaviour. But the
2 behaviour we are talking about, the conduct we are talking about is not the behaviour
3 of a young -- or a child, but is a behaviour of a person somewhat in his twenties.

4 THE WITNESS: [12:17:14] Yes.

5 PRESIDING JUDGE SCHMITT: [12:17:15] And so I think I have understood it like
6 that, that you also were aware of that --

7 THE WITNESS: Yes.

8 PRESIDING JUDGE SCHMITT: -- and that you expressed your views in light of this
9 what I said.

10 THE WITNESS: [12:17:23] Okay. Thank you.

11 MS BRIDGMAN: [12:17:25]

12 Q. [12:17:34] I have a few questions on dissociation.

13 A. [12:17:38] Yes, go ahead.

14 Q. [12:17:39] At page 0745 of your report.

15 A. [12:17:47] 0745. Okay.

16 Q. [12:17:53] You say that two main factors lead to dissociative disorder, trauma
17 and disorganised attachment.

18 A. [12:18:02] Yes.

19 Q. [12:18:03] What does disorganised attachment mean?

20 A. [12:18:08] Yesterday we talked about one type of attachment, and that is the
21 secure attachment. But if there is secure attachment, then there is insecure
22 attachment and the insecure attachment has a -- has four categories, insecure avoidant,
23 insecure ambivalent, insecure disorganised.

24 Now, this does not mean that they are pathological attachments. The only one that
25 has been found to be pathological is the disorganised one and here is where a parent

1 is really completely not available, neglect, abuse and there is minimal, if at all, any
2 chance of this child experiencing a stable environment.

3 And so that is the one that is recognised as the one that can cause psychopathology.

4 Q. [12:19:46] This kind of abuse and neglect, can you tell us the age ranges in which
5 it would create an impact for dissociation?

6 A. [12:20:00] I think my report was, was clear about it, this what we are talking
7 about. Dissociative identity disorder, not the whole range of dissociation, so is that
8 what you're asking? Is it the whole range of dissociative disorders or dissociative
9 identity disorder? Because I think I was specific.

10 Q. [12:20:28] Well, then I will ask this question, because -- can disorganised
11 attachment, does it only cause the dissociative identity disorder or it can cause other
12 dissociative disorders?

13 A. [12:20:44] Starting from the point of, of the disorder, of dissociative identity
14 disorder, people who studied that, they found that to develop dissociative identity
15 disorder, particularly you must have suffered a severe kind of trauma and then
16 had -- in combination with disorganised attachment. And, and so when we start
17 from that point and we go backwards, that is what is stated.

18 But when we start from the point of a child experiencing trauma, neglect, and then
19 they dissociate, it appears like it depends on the magnitude and severity of the
20 trauma because the other dissociations, adaptive or if you want to call it defence, it
21 comes up as a defence mechanism for the child who can't -- you are faced with this
22 environment where your life is threatened but you can't run, you can't fight back, and
23 you learn to dissociate in order to adapt to that environment.

24 So the milder forms of, milder forms of stress can lead to other forms of -- can lead to
25 dissociation, but for particularly dissociative identity disorder that talks about

1 personality or *identity it has to be very severe and very traumatic.

2 Q. [12:23:15] And just so I understand, if a child was abducted at 10 and put into
3 the household that we discussed earlier within the LRA, the punishment regime that
4 is within that household, in case one deviates from the Holy Spirit rules, it wouldn't
5 have anything to do with disorganised attachment, would it, or would it not?

6 A. [12:23:45] Not at that point.

7 Q. [12:23:56] You gave us an example yesterday about everyday dissociation,
8 which I think all of us can relate with in one form or another. What struck me, and I
9 would like you to help me understand this, let's take your example of driving.

10 A. [12:24:19] Yes.

11 Q. [12:24:21] And then the conclusions you made from Mr Ongwen's statements
12 when you said he self-reported as being a good shot and the things that he had said
13 he was capable of doing, now, isn't it possible in normal dissociation --

14 A. [12:24:44] Yes.

15 Q. [12:24:46] -- which is kind of funny when I say it, normal dissociation, that
16 I can drive a long distance, somehow manage to go through the stoplights and brake
17 and function through and then I am like, "Oh, wait a second, I'm already home".
18 Like, because you are so used to doing certain things for one reason or the other, that
19 anyone watching me drive that car can still see me functioning and yet I am not aware
20 of my surroundings?

21 A. [12:25:25] I like it that you call it normal dissociation, because we see
22 dissociation on a continuum, yeah. And indeed what you describe is possible. But
23 what we have in the reports talks about severe dissociative disorder, which cuts you
24 off completely and so you would not be able to. If you had -- in that example
25 you are giving of driving and you stopped, if you had a severe dissociative disorder

1 at that particular point, you would knock, you would, you know, other people
2 around would get to know that there is something wrong. But if you are on the
3 other, the other side of the continuum, it's a normal, I mean it's a coping mechanism
4 for the brain, yeah.

5 Q. [12:26:42] So Mr Ongwen could still have dissociated during the charged crimes
6 and yet be able to evaluate himself generally as a very good shot under other
7 circumstances, not necessarily within the charges in this court, correct?

8 A. [12:27:04] I mean, the, the information we had was an example of a dissociation
9 he -- I think there is some description of a dissociation when he had pain or he had
10 been shot or something like that. And, however, what we are asked to do is to, is to
11 try and see whether the time of the crimes he had committed, and we are given
12 information about some of the, the crimes, to see whether in that particular time he
13 had dissociated. So that is what, that is what we are asked to do and that is, that is
14 what I did to try and see if at that particular time he had dissociated. And my
15 finding was that it is unlikely that he was dissociating at that particular time.

16 Q. [12:28:23] Thank you. When someone is coming out of a dissociative episode,
17 is it that they are unable to communicate or they may not communicate coherently?

18 A. [12:28:42] When they are coming out of a dissociative episode, I think that both
19 can happen, both can happen. Some people might not just communicate, others
20 might communicate but incoherent, others might take a little bit of time before they
21 can say things. So it depends.

22 Q. [12:29:20] I have heard of suggestibility in hypnosis?

23 A. [12:29:26] Hypnosis?

24 Q. [12:29:28] Yes, please.

25 A. [12:29:29] Yes.

1 Q. [12:29:30] And I'm wondering, if someone is coming out of a dissociative
2 episode, is it possible for anyone else who was watching and present to suggest to
3 them certain things that they might have done?

4 A. [12:29:50] At that particular point, yeah, maybe someone can suggest. But as
5 they, when they pull out of that, they should be able to -- because if, if there are things
6 that you have done in the, in the dissociative period, and it's severe dissociation,
7 you are not able to remember, because to be able to remember you must be able to
8 have stored something in the memory section of the brain. But it wouldn't hold, the
9 suggestibility wouldn't hold, because as they are coming out of, out of dissociation,
10 still they wouldn't be able to, to process that information very well and so it is
11 unlikely that they will stick to that information even later when they would have
12 recovered.

13 Q. [12:30:59] But it is not implausible that one can read a prepared report and make
14 it sound like it is their own, that they are aware of, of what happened, the contents of
15 that report, for instance?

16 A. [12:31:21] Reading a report in a dissociative state?

17 Q. [12:31:24] When you come out of a dissociative state someone can hand you
18 a report and you can still read it and for someone listening to you it may appear that
19 you know what you are talking about, yet it is just something prepared for you?

20 A. [12:31:41] At what point would, would this be, in terms of, in terms of your
21 dissociation and getting this report?

22 Q. [12:31:59] Let me put it a little more concretely. You analysed the audio
23 intercept report of Mr Ongwen when he was reporting one of the attacks. Is it
24 possible that when he was -- and this is just a hypothesis -- that he dissociated during
25 the attack, before and during. That after the attack, someone handed over a report of

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 the guns that were acquired and he just read that report as if he was there, even if he
2 wasn't?

3 A. [12:32:42] I -- I will find it very difficult that someone can read a report
4 that -- can read a report very coherently, very -- if he's just pulling out of
5 a dissociative state and read it very coherently and very meaningfully, I think that I
6 will find it very difficult to, to believe that that can happen.

7 Because it's -- it takes a little bit of time to try and, like, especially if the dissociation is
8 severe so much that you can't even remember. There is some disruption of the
9 processes that take place that does not -- again, it is not like a switch. It takes a little
10 bit of time to try and reorganise that in order to be as coherent as -- yeah.

11 Q. [12:33:55] What if there is a conflicting report of someone else giving a similar
12 report?

13 A. [12:34:02] Pardon?

14 Q. [12:34:04] What if, when you have one report which seems coherent, there is
15 another report of someone else making a similar report of the same events?

16 A. [12:34:18] But --

17 PRESIDING JUDGE SCHMITT: [12:34:18] (Overlapping speakers) Mrs Bridgman,
18 that might be simply a question of the consideration of the evidence. So I would not
19 say I don't allow the question, but I think it is not very meaningful. Because the, the
20 estimation, the assessment of the witness might not alter. It is simply if you -- what
21 the Chamber thinks then which kind of report might be the one that has been given or
22 which one they would follow. That is up to the consideration of the Chamber.

23 MS BRIDGMAN: [12:34:55] I shall move on then. Thank you, your Honour.

24 PRESIDING JUDGE SCHMITT: [12:34:58] Please.

25 MS BRIDGMAN: [12:35:14]

- 1 Q. [12:35:15] Now, you've written about cen and Orongo possession.
- 2 A. [12:35:22] Yes.
- 3 Q. [12:35:23] Would you say that someone possessed by cen or Orongo or any
4 other spirits would be akin to being in a dissociative state?
- 5 A. [12:35:35] It's not a yes or no answer from me. I would have to assess this
6 person and, and we always do have people who come possessed, in the spirit, and I
7 mean with spirits, what -- all kinds of spirits. But we do not take it at face value that,
8 "Okay, this is spirit possession," we leave it at that. We go into details of doing
9 a thorough evaluation regardless of whether this person is possessed or not and then
10 we have our, our psychiatric conclusion.
- 11 Q. [12:36:28] If you indeed come to the conclusion that they are possessed, is this
12 something that you would diagnose as some form of dissociation? I am just
13 wondering.
- 14 A. [12:36:40] Yes.
- 15 Q. [12:36:41] Okay. At page 0738 of your report, that's page 7, you quote Cohen
16 and Machalek on -- and you discussed it yesterday about advantage and
17 disadvantage.
- 18 A. [12:37:36] Yes.
- 19 Q. [12:37:41] You acknowledge that Mr Ongwen's abduction was a disadvantage?
20 A. [12:37:45] I do acknowledge that.
- 21 Q. [12:37:46] And the promotions were, or the rise was an advantage?
22 A. [12:37:55] Yes.
- 23 Q. [12:37:56] I thought to myself that it is akin to what they call the carrot and the
24 stick. I am wondering if it makes any difference that the disadvantage of abduction
25 came before the advantage. The fact that he was already in the LRA under the

1 circumstances that he was, whether what you term as an advantage actually was an
2 advantage for him to -- to motivate him further?

3 A. [12:38:38] Yes, I think so. I'll have to explain this a little deeper, in terms of, in
4 terms of neurobiology. When we experience a disadvantage which, according to my
5 report, the abduction was a disadvantage, many, many reactions go through our
6 bodies and one of those reactions is release of a stress hormone called cortisol,
7 which -- and your adrenalin which causes, adapt -- which helps us to adapt to the
8 situation. When one experiences an advantage, another process takes place. Some
9 other neurotransmitters are released and one of them is, is dopamine, dopamine is
10 *a reward neurotransmitter and it's one of the neurotransmitters that sometimes lay
11 people call happy hormones; there are others. And so when dopamine is released,
12 you feel energised, you feel rewarded, you want to do it more because it's a good
13 feeling. It is also a feeling that promotes survival. Yeah. And so I wouldn't want
14 to look at it like the advantage arose from the disadvantage because they play in our
15 lives and circumstances differently.

16 I don't know whether that makes sense. Yeah.

17 Q. [12:40:51] Yes, you do, and I just want to ask a follow-up question to that. I
18 noticed in the materials that you sourced on your own you looked at Vincent Otti's
19 death.

20 A. [12:41:10] Yes, that was something popped up which I thought was going
21 to -- yeah.

22 Q. [12:41:15] Now let me read to you a portion of a witness statement?

23 A. [12:41:19] Okay.

24 Q. [12:41:21] Your Honours, this is P-45's testimony, transcript 104 at page 17.

25 This is another former LRA who held a mid-range rank and to be fair it's not -- the

1 timeline on when these events happened is not clear.

2 A. [12:41:55] Okay.

3 Q. [12:41:55] I cannot give you a time frame.

4 A. [12:41:55] Okay.

5 Q. [12:41:56] The question was: "You also testified that you were beaten. Why
6 and how were you beaten?" She says: "On the day that I was beaten ..." -- I will
7 move on -- "We were beaten to ... demonstrate that they do not want unruly
8 behaviour. We were beaten extremely badly. If you refuse anything or if you
9 refuse any instructions you could be arrested or you could be beaten to near death."

10 Now, for Mr Ongwen when rising through the ranks, apart from Vincent Otti's
11 execution, were you aware that in the late 1990s, another second-in-command to
12 Mr Kony was also executed for not following Joseph Kony's instructions?

13 A. [12:42:59] I -- it -- it is possible.

14 Q. [12:43:02] Now, this advantage or disadvantage -- the advantage of rising
15 through the ranks, or what seems to be an advantage, yet you have this continued
16 punishment and even execution of very senior commanders, how does that play into
17 the happy hormones?

18 A. [12:43:32] Again, it is not a yes or no answer. You're asking for an explanation.
19 But also you, you -- I almost feel like you want -- you want some direct answer which,
20 which might not come forth, because it is a balance of these hormones and my finding
21 is that the happy hormones seem to have been on the higher side compared to these
22 other hormones here that are associated with the killing and the trauma, and it looks
23 like these other aspects of the happy hormones had the upper hand, particularly for
24 Ongwen, and that is why he's described as resilient. Because it looks like the -- the
25 frontal lobe, the lobe that is supposed to be dampening the activity of the amygdala,

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 functioned much better or higher than the functioning of the fear and everything and
2 then the happy hormones or neurotransmitters were higher and they balanced out the
3 destructive hormones. Yeah.

4 Q. [12:45:28] Now, talking about these rapid promotions, did you get any
5 information on the timelines within which Mr Ongwen allegedly got promoted?

6 A. [12:45:48] Timelines?

7 Q. [12:45:49] From his time of abduction to the time he surrendered, or at least to
8 the time of the charged period, did you receive information on how fast or how often
9 he got the promotions?

10 A. [12:46:05] There were statements of first promotions or promotions ahead of
11 others, but I can't quite clearly remember if there are timelines to -- as to when or how
12 many promotions he had, for example, in a year, or in two years. I don't quite recall
13 that.

14 Q. [12:46:47] Were you aware that most of the promotions, the rapid promotions
15 happened after Operation Iron Fist? Well, that's a -- it's a different -- let me --

16 PRESIDING JUDGE SCHMITT: [12:47:06] I think you simply, if you want to head to
17 a certain question that you really want to put to the witness, simply provide Ms Abbo
18 with the information and then continue.

19 MS BRIDGMAN: [12:47:18] I realised my error.

20 PRESIDING JUDGE SCHMITT: [12:47:21] We don't test Ms Abbo about her
21 knowledge about the case, I would say.

22 MS BRIDGMAN: [12:47:26] No, I understand. I was trying to find a way to
23 meaningfully --

24 PRESIDING JUDGE SCHMITT: [12:47:31] No, you can be more direct, I would say.

25 MS BRIDGMAN: [12:47:35]

1 Q. [12:47:35] Now, the information available is that Mr Ongwen got the alleged
2 rapid promotions after the LRA was driven from Sudan back into Uganda. And
3 there is also information to suggest that most senior LRA soldiers, after that operation,
4 were killed, were injured, and some surrendered to the UPDF. Now, is it -- my
5 proposition is that he wasn't promoted -- he did not ask for the promotions, that
6 the Holy Spirit and Joseph Kony promoted him out of necessity because he had lost
7 most of his senior commanders. Do you have anything to comment on that?

8 A. [12:48:46] The promotions were out of necessity on the side of Joseph Kony?
9 That was on his side. But on the side of, of Mr Ongwen, you mentioned that some,
10 some commanders were killed, others injured, others surrendered, but he was never
11 killed. I don't know whether he was injured or not, but at least at that point he had
12 not surrendered. And what, what message does this give to the leader? The
13 message is that this person is brave, this person is loyal, I must reward him. And the
14 reward here is the promotion.
15 This reward has a positive effect on the person who is being rewarded and that
16 positive effect is a rise in dopamine levels, which, which motivates even further, it's
17 a -- yeah, it's a neurotransmitter that motivates us and it's also released when you
18 achieve a task. Perhaps even before the promotion if Mr Ongwen was one of the
19 leaders here during Iron Fist and -- and I don't know whether they considered
20 themselves as they had won, but he makes statements as always winning, always on
21 the target, all those statements point to the fact that his dopamine may have been
22 rising each time, you know, when you achieve a task, when you -- yeah.
23 So, so, on Ongwen's side there was definitely motivational factors here in terms of
24 rising his dopamine and making him even work harder, and he worked harder, then
25 he gets more promotion and it goes on and on, yeah.

1 Q. [12:51:30] In Professor de Jong's report --

2 A. [12:51:33] Yes.

3 Q. [12:51:37] -- he mentioned that Mr Ongwen believed that the ranks were
4 coming straight from the spirits and that they meant nothing if one did not follow the
5 rules. Does this have -- does this shed any insight into what his understanding of
6 those rules were -- sorry, the ranks in the promotions?

7 A. [12:52:08] I understood this as the two, the two had to go hand in hand. I mean,
8 the rules are formed and the rules were there perhaps before his promotions, as you
9 have mentioned that the promotions came later, but perhaps as he joined the LRA he,
10 he was initiated into the rules. So that, that is the -- that was the baseline, I should
11 say, and I think this, this may not, this may not be different from even legitimate
12 armies. You, you have -- you can go through the promotions, but if you break the
13 rule, then you have the consequences. And I think this is what he was talking about
14 here, that despite the rank, despite the promotion, you break the basic rules, you still
15 have to suffer the consequences of breaking the rule. So I don't see it as different.

16 Q. [12:53:33] And to follow up on that, because I am trying to explore this
17 advantage.

18 A. [12:53:39] Yes.

19 Q. [12:53:39] He, in Professor de Jong's report, he also said that he never -- at
20 page -- I will just read it to you.

21 A. [12:53:50] Okay.

22 Q. [12:53:51] Your Honours, it's UGA-D26-0015-0046. We finally got it stamped
23 and distributed copies. But just in case, it's page 13 where he says: "I did not give
24 up on escaping. I still wanted, but instead of escaping I went to the battlefield to be
25 killed."

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 Just focusing on the first part where he says he never gave up on escaping, when you
2 put it into the context of advantage and promotions, what does that tell you about
3 Mr Ongwen's state of mind at the time or during the time he was receiving these
4 promotions?

5 A. [12:54:47] Well, this was an assessment by, by someone else, and he is quoting
6 him, quoting Mr Ongwen. And there is also some, some contradictions that I came
7 across contradicting this statement about not giving up escaping. There was a time
8 he was, he was offered an opportunity, a safe passage, actually wouldn't just escape,
9 it was a safe passage for him and he rejected it. And so I would, I would have to
10 want to find out, to maybe shake this a bit and be sure of that or at least follow it up
11 with, with statements to show that I have evaluated that, that statement.

12 Yeah. I think that there were -- there were situations that, that could have held
13 Mr Ongwen back in the bush. And, and one of those, one of those is the fact that he
14 had a family there, he had wives and children, and, and the status that he could have
15 been enjoying, these are things that might keep someone in a situation that without
16 them not actually knowing that this is what is keeping them there. And in my own
17 evaluation I think that until that point in time when some of these things were
18 stripped of him, his family was sent back, he was no longer holding higher status,
19 that then provoked a very strong need to leave.

20 Q. [12:57:24] Thank you, Dr Abbo.

21 MS BRIDGMAN: Your Honours, I see the time.

22 PRESIDING JUDGE SCHMITT: [12:57:28] Indeed. Indeed, yeah. And of course
23 you anticipate my next question.

24 MS BRIDGMAN: [12:57:37] Yes, indeed I do.

25 PRESIDING JUDGE SCHMITT: [12:57:38] So I don't have to ask my next question.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 You can answer without asking.

2 MS BRIDGMAN: [12:57:43] No, you don't have to ask. You can read minds.

3 But --

4 THE WITNESS: [12:57:51] Thinking about thinking.

5 PRESIDING JUDGE SCHMITT: [12:57:54] This was provoked of course, Ms Abbo.

6 MS BRIDGMAN: [12:58:03] I have a few follow-up questions in the context of what
7 she has said. With your permission I would like to go further into them because I
8 feel I'm on the roll, to be honest, and also because I would like to give as much time to
9 lead counsel, and if I get to a certain point where I feel more comfortable -- I'm
10 worried that we might have to request for an extended session later, so that's why --

11 PRESIDING JUDGE SCHMITT: [12:58:30] Yes. But nevertheless I would
12 appreciate it if we have at least a prospect, a time prospect.

13 MS BRIDGMAN: [12:58:38] I'm doing well. I feel like I --

14 PRESIDING JUDGE SCHMITT: [12:58:43] That was not much more specific, frankly
15 speaking, but the more we talk about it, the more time when spend with this. So
16 please continue and perhaps at least a quarter past one I would simply interrupt you.
17 Please continue.

18 MS BRIDGMAN: [12:58:58] Thank you, your Honour.

19 Q. [12:59:01] You have said several things, Dr Abbo, that I would like to --

20 A. [12:59:06] Follow up.

21 Q. [12:59:08] -- follow up on.

22 A. Yes.

23 Q. One, let me start with family in the bush, before I forget. There is evidence to
24 suggest that a number of Mr Ongwen's wives had already returned home at the time
25 he was being offered that safe passage. And just to help you put it in context, that

1 offer of safe passage was in September 2006. Does that change a little bit on what
2 your conclusions are?

3 A. [12:59:52] A number of wives had been, they had gone back, the time he was
4 offered safe passage?

5 Q. [12:59:59] Yes.

6 A. [13:00:01] But he still had others, and other children back in the bush or they
7 had all been taken?

8 Q. [13:00:07] The evidence seems to suggest that there was other, there were other
9 families.

10 PRESIDING JUDGE SCHMITT: [13:00:14] And perhaps let me explain something, I
11 think it's necessary here.

12 As the Prosecution has done, and now the Defence does, when there are factual, so to
13 speak, propositions to you, these are factual hypotheses. So when Mrs Bridgman
14 asked you, simply take it as a hypothesis.

15 THE WITNESS: Okay.

16 PRESIDING JUDGE SCHMITT: But obviously now there have been other wives
17 there, but her suggestion is that under the condition that other wives would have
18 returned already at the time, does that change your evidence, so to speak?

19 THE WITNESS: [13:00:56] No, it doesn't. Especially if he still had other wives and
20 other children in the bush. And depending on the kind of relationship he had with
21 the ones that had left, compared to the ones that are left in the bush. So, so I
22 wouldn't, I think I would still think that there was some -- there was some way of
23 maintaining his happy hormones in the bush and subconsciously that could have
24 been the reasons why he wanted -- I mean, he could have been reluctant to accept the
25 safe - one of the reasons, there could be others - to accept the safe passage.

1 MS BRIDGMAN: [13:02:06]

2 Q. [13:02:06] Now, if I also say that there is evidence to suggest that at the time he
3 was receiving that offer of a safe passage, there were spies sent by Joseph Kony to
4 *make sure that he moved from where he was to Sudan. Would that have any impact on
5 how you come to that conclusion? That he could not have left as a matter of fact,
6 otherwise he would be executed by those people who were travelling with him?

7 A. [13:02:43] In front of the person who had given -- who was giving the safe
8 passage?

9 Q. [13:02:48] Let's work on that presumption.

10 A. [13:02:50] Okay, okay. If there were spies from Kony, that might -- that might
11 change the look of things, because then I would -- I would suspect that the other
12 factor that might kick in at that particular point would be weighing between how he
13 would survive if he surrendered at that particular point and, and going back. But
14 from the transcripts, from the documents that I read, maybe there is some other
15 information that I didn't get. But from what I read I -- I really didn't pick the fact
16 that he was struggling with making that kind of decision of whether or not, you know,
17 he needed to surrender. It looked like it was a resolve, he had resolved that, you
18 know, I am not, I am not doing this, or something like that. And I think he even
19 stated that "I am the commander," or something, I mean, "I am powerful". That that
20 clout he had was something he could not let go. Yeah.

21 Q. [13:04:48] Now, I'm sorry to just push this a little further.

22 A. [13:04:54] Yes.

23 Q. [13:04:55] During that same testimony of that particular witness it also came out
24 that he was given a telephone and he spoke to Vincent Otti then, who was the
25 second-in-command to Joseph Kony. So I think I am trying to flesh out the

1 dynamics of the time --

2 PRESIDING JUDGE SCHMITT: [13:05:16] Yes, but this is now really -- I interrupt
3 you because it's nearly, I would say, it is difficult for people who are in a courtroom
4 constantly to grasp all this and the possible implications and to assess it in the end.
5 But out of context it's, I would really suggest, nearly impossible for Ms Abbo to follow
6 what you want to get at. And you would have, if you want, you would have to put
7 it to her literally word by word and not in a summary which she cannot put into
8 context. I really think that that would overburden her, frankly speaking. So I
9 would ask you to move forward.

10 MS BRIDGMAN: [13:06:02] I am well guided, your Honour. I will not pursue this
11 one anymore.

12 Q. [13:06:10] But are you aware that, in the evidence that you analysed, did it come
13 to your attention that Mr Ongwen was injured in 1996 and again in 1992 -- sorry, in
14 2002?

15 A. [13:06:29] It's possible that he was injured.

16 Q. [13:06:31] Now, there is also evidence to suggest that soon after he moved to the
17 sickbay to recover from his injuries he attempted to escape, and this led to him being
18 taken under Joseph Kony's Control Altar where he was imprisoned for a while.
19 Now, this happened just before the first charged attack at Pajule, all these events; his
20 injury that left him in the sickbay for about a year, his attempt to escape, and his
21 contacting some Ugandan government officials, and then him being found out and
22 imprisoned. You said earlier that you did not see any evidence of him trying to
23 escape. Does this change anything about your conclusions when you hear this?

24 PRESIDING JUDGE SCHMITT: [13:07:33] And when you suggest, perhaps, we
25 word it when you suggest this to Ms Abbo. Because it's everything. Also what

1 the Prosecution are -- in the summary put to Ms Abbo, is in the end we -- will have to
2 be assessed for its -- truthfulness will have to be verified or falsified.

3 MS BRIDGMAN: [13:08:29] Yes, your Honour.

4 PRESIDING JUDGE SCHMITT: So really that Ms Abbo understands that we are
5 talking about hypotheses. So again under the presumption that this happened as
6 you describe it. Otherwise, as I think -- I repeat what I said earlier on, out of context
7 it's extremely difficult to put parts of this enormous evidence that we have, pull it out,
8 and put it to Ms Abbo and say "What you do you say to that?" That is really difficult
9 for her, I would say.

10 MS BRIDGMAN: [13:08:29] Your Honours, I was following -- I was asking these
11 questions on the presumption that she was following your own understanding. And
12 because also the Prosecution picked a few pieces of -- that's why --

13 PRESIDING JUDGE SCHMITT: [13:08:42] And that's absolutely correct what you
14 did and what you do since this morning. You do in principle the same, with the
15 difference that we don't have it in written form already. But this is the same, and
16 that's absolutely correct. But it has to be clear for Ms Abbo that these are different
17 presumptions, different hypotheses.

18 So you can -- perhaps you might have forgotten the question in the meantime but, if
19 not, you can answer.

20 THE WITNESS: [13:09:12] He was injured, he tried to escape when he was in the
21 sickbay, and when he was found out he was imprisoned. Again, my response would
22 be in relation to the time period, if -- if this happened around the time that he
23 eventually managed to escape, then it could be taken as happening around the same
24 period. But if it happened, like, years back, and it's a different event, perhaps then I
25 would begin to think that he had, in his mind, he had thoughts of -- of escaping. It

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 depends on when this happened. It could have been a different event -- I mean

2 a different time period or at the same time around when he eventually escaped.

3 Yeah.

4 MS BRIDGMAN: [13:10:40] Thank you, Dr Abbo.

5 Your Honours, this is a good place to stop for now.

6 PRESIDING JUDGE SCHMITT: [13:10:48] Thank you very much.

7 I would like to say that we have to finish at 4 o'clock today, so I -- so we shorten the

8 lunch break, so until 2.30, it is a little bit shorter than normally. But we should then

9 finish in the third session.

10 Meaning -- yes, Mrs Bridgeman?

11 MS BRIDGMAN: [13:11:12] Oh, I think I misunderstood when you said we shorten

12 the lunch break. So we still sit at 2.30?

13 PRESIDING JUDGE SCHMITT: [13:11:21] Yes, 2.30.

14 THE COURT USHER: [13:11:24] All rise.

15 (Recess taken at 1.11 p.m.)

16 (Upon resuming in open session at 2.33 p.m.)

17 THE COURT USHER: [14:33:31] All rise.

18 PRESIDING JUDGE SCHMITT: [14:33:40] Good afternoon, Mrs Bridgman. Please

19 continue.

20 MS BRIDGMAN: [14:33:57]

21 Q. Good afternoon.

22 A. [14:33:59] Good afternoon to you.

23 Q. [14:34:02] At page 0743 of your report while analysing one of the post-surrender

24 videos of Mr Ongwen, you described him as a well-contained person. What did you

25 mean by that?

- 1 A. [14:34:24] 07 --
- 2 Q. [14:34:26] Four-three. It's page 12.
- 3 A. [14:34:28] Twelve, yeah. By containment, I meant that looking at the video he,
- 4 he was composed, self-composed, he was in touch as of here and now and, and he
- 5 didn't need external effort to help him calm down, to help him be calm. So that's
- 6 what I meant by contained.
- 7 Q. [14:35:24] Yesterday you also talked about decompensation.
- 8 A. [14:35:28] Yeah.
- 9 Q. [14:35:29] Is this the same thing as clinical distress?
- 10 A. [14:35:36] Let me go back again to what I understand by decompensation, then I
- 11 come to what I understand by clinical -- what I understand by your question of
- 12 clinical distress.
- 13 By decompensation, really this is a term that is used in the area of those who could
- 14 have had or been in touch with mental health system and could have had a chronic
- 15 illness and they are stable, they are on treatment, functioning well, and then they get
- 16 some stressors that interferes with that state that I've described, that brings them or
- 17 puts them or interferes with their functioning and, and then the symptoms of the
- 18 illness come back and then they have to get back to hospital.
- 19 That kind of thing someone would say this person decompensated and they will
- 20 wonder why the person -- what is it that has made them decompensate and then deal
- 21 with those situations.
- 22 What you call clinical distress, I would understand your use of the term "clinical" as
- 23 in causes significant distress as in it warrants intervention. I'm just -- because it's
- 24 a new term to me, that's why I'm -- I would like to clarify what you mean by clinical
- 25 distress. Define -- I attempt to explain how I understand it.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 PRESIDING JUDGE SCHMITT: [14:37:46] But I think Mrs Bridgman would not have
2 invented a new term.

3 MS BRIDGMAN: No.

4 PRESIDING JUDGE SCHMITT: Or have you? No.

5 MS BRIDGMAN: [14:37:53] No. It came through the testimony of Dr Mezey and I
6 was wondering if those two terms relate to the same thing.

7 PRESIDING JUDGE SCHMITT: [14:38:04] Okay. Please continue.

8 MS BRIDGMAN:

9 Q. [14:38:10] Now if I understood you well, decompensation -- no, for the case of
10 Mr Ongwen, there is nothing to show that he was on any kind of treatment for
11 a mental health disorder for us to refer to his conduct at any given point as
12 decompensation. Am I getting you wrong on this?

13 A. [14:38:41] I was coming from the background of, okay, he has been assessed,
14 there are experts who say he has mental illness and there are experts who say he has
15 been with mental illness, yeah, from a long time ago. So I'm saying, okay, I don't
16 know whether he has mental illness or not, but let me come from the point of view
17 that he has because some people have said that he has. So what could then be
18 happening here? The possibility is that he has been with his mental illness, been
19 functioning well, something has happened that has dropped that and this is what we
20 are seeing, yeah.

21 Q. [14:39:31] Thank you for the clarification. Now for a physical injury that I
22 mentioned before we went for our lunch break --

23 A. [14:39:41] Okay.

24 Q. [14:39:42] -- would this be something that would typically cause
25 a decompensation?

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

- 1 A. [14:39:50] It can be looked at as a stressor, yes.
- 2 Q. [14:40:03] We've talked about spiritualism and religion and things like that, but I
3 would like you to think about -- looking at the article that you wrote about cen and
4 Orongo possession --
- 5 A. Yes.
- 6 Q. -- from your research and understanding, can someone believe -- be let's say
7 a practising Catholic and yet also believe in cen and Orongo?
- 8 A. [14:40:34] That's a very common thing in Uganda. People hold both views and
9 they practice both.
- 10 Q. [14:41:00] And in your article, which I have a copy of right here, it is in the small
11 binder, the yellow binder, tab 5.
- 12 A. [14:41:09] Tab 5, okay.
- 13 Q. [14:41:11] UGA-OTP- -- no, my apologies. UGA-D26-0015-0197.
- 14 A. [14:41:24] Yes.
- 15 Q. [14:41:25] I see that in one of your conclusions at page 0204?
- 16 A. [14:41:34] 0204.
- 17 Q. [14:41:39] Which shows summary points.
- 18 A. [14:41:43] Summary points, yes.
- 19 Q. [14:41:45] Point number 3.
- 20 A. [14:41:50] Yeah.
- 21 Q. [14:41:51] You say that wrongful killing -- in the Acholi culture "wrongful killing
22 of humans or the killing of wild animals is abominable and believed to result in
23 mental illness akin to modern day post-traumatic stress disorder".
- 24 A. [14:42:11] Mm-hmm, yes.
- 25 Q. [14:42:16] Now for children who were abducted and taken, let's assume that the

1 children we are talking about believe in cen and Orongo.

2 A. Okay.

3 Q. How would this impact them when they are abducted and taken into the bush
4 and forced to commit several of these killings?

5 A. [14:42:38] Coming from their -- the fact that they believe in cen and Orongo and
6 then they go to the bush and they are forced to kill, how would this impact on
7 their ...?

8 Q. [14:43:03] On their development and their mental health.

9 A. [14:43:06] On their development and mental health. Really, I think that again,
10 looking at it on the surface, one would easily see the connection and they would
11 easily see that, you know, it would have a negative effect. But again I really do not
12 want to be on the surface. I would like to get deeper and assess case by case, and
13 then I have -- I have an understanding of case by case and not just generalise, yeah.

14 Q. [14:44:02] With your background and your specialisation is it true indeed that in
15 most, if not all, African languages - and this is just a hypothesis - there are no
16 appropriate words to describe depression symptoms?

17 A. [14:44:33] I think that I wouldn't say that there are no appropriate words. I
18 think that cultures can describe their feelings. It's just that you might -- because
19 you're asking about depressive symptoms. Cultures can describe how they feel in
20 their own way, the way they understand it. It might not be -- there might not be
21 a word that, that would maybe directly translate to, to depression, but the depressive
22 symptoms really can be described. I want to believe in any human being as long as
23 you have a brain and you have the neurotransmitters and you have -- I think even
24 animals get depressed. The only thing is that they may not be able to describe, but
25 really, human beings, wherever they are, are able to describe how they feel.

1 Q. [14:46:01] And just to give -- to get to be clear, my understanding from what you
2 have said, that there might not be words in themselves but you can describe your
3 feelings --

4 A. [14:46:14] Yes.

5 Q. [14:46:15] So it's still -- you agree with me that there are not necessarily words in
6 themselves to describe -- no, not to describe, to equate to depression, like we do in
7 English?

8 A. [14:46:27] Like, if I am assessing someone who speaks English, or who
9 understands English, I would ask them directly how they feel and some of them even,
10 before you ask, they will tell you, "I am feeling depressed. I need Prozac or I need
11 fluoxetine."

12 But others who may not have had opportunity to learn English, we ask them in
13 a different way, and this is how we ask: "Tell me how you feel in your spirit," or
14 something like that, or in your heart. And we know that depression is really not in
15 the heart or in the, you know, it's -- it's in the brain. But some people may not
16 understand that, so we try to use words that will make them understand what we are
17 trying to assess so that we know that we are assessing -- we have a valid response
18 from them. Does that make -- does that answer your question?

19 Q. [14:47:39] Yes. Thank you.

20 PRESIDING JUDGE SCHMITT: [14:47:40] May I shortly.

21 Because I'm really interested, Ms Abbo, from your cultural experience, and I might be
22 completely wrong and simply tell me. Could the concept of cen be something, in the
23 Ugandan culture and the Acholi culture, to explain, an attempt to explain certain
24 emanations of problems of the soul, of the mind? Could this be, or am I completely
25 wrong here?

1 THE WITNESS: [14:48:15] It could be. It could be their cultural way of explaining
2 all these put together. Now, when someone comes to us with this kind of expression,
3 it's up to us, the clinicians, to clinically and psychiatrically try and tease out what is it
4 that fits in our diagnosis.

5 PRESIDING JUDGE SCHMITT: [14:48:40] Thank you very much. Mrs Bridgman.

6 MS BRIDGMAN: [14:48:44]

7 Q. [14:48:49] I've also read some literature that seems to suggest that people from,
8 let's say the African setting, generally, whether consciously or subconsciously, tend to
9 mask symptoms of depression. Is this correct?

10 A. [14:49:12] Again, it's not a yes or no answer. But I'm going to attempt to
11 explain. Masking of symptoms of depression can occur, yes, but it's also culturally
12 associated, particularly with those cultures that *tend to mask not only symptoms
13 but in their interaction, yeah. And from my understanding and my experience
14 within Uganda, we do understand that certain parts -- people who come from certain
15 parts of the country tend to mask their feelings in interaction, mainly people from
16 central Uganda. And people who come from other parts, people come from the
17 north, from the east, where I come from, we rarely mask feelings. We tend to give it
18 to you on your face. I mean, if I have something -- something to sort out, we will
19 sort out here and there, and it stops there. But someone from the central, they will
20 smile, they will -- when inside them they would wish to kill you.

21 So then when these people come to the clinic, this tends to follow the pattern, that we
22 tend to dig a little bit deeper when assessing someone from the central point, just to
23 make sure that they are not masking, or something like that. Usually people from
24 the north will give it to us, you know, from the east, and the Bakiga from the -- you
25 know, you don't have to, if they are depressed, they are depressed, you will even

1 palpate it, you know, before they talk.

2 So that's -- that is my -- and also severe depression is, from my experience, people
3 who I have seen who are severely depressed, even before they open their mouth, I
4 mean, they walk into the room and the whole room, just the air that they breathe out
5 makes you feel depressed, you as a clinician. So the severe depression would be
6 easily picked, and the masking I think would be for me as a far second, in my
7 opinion.

8 Q. [14:52:09] Now, we have heard evidence from various people, former abductees
9 who said that in the LRA any side of weakness, sadness, brooding, or even silence,
10 was an indication of plans to escape.

11 A. [14:52:31] Mm.

12 Q. [14:52:32] For someone like Mr Ongwen who lived in that environment for
13 a while, do you think it might have impact on how he presents today or in some of
14 the videos that you watched?

15 A. [14:52:56] I think that the -- the few, like, times I have watched the videos and
16 what I have picked from -- what I picked from the case notes, particularly from the
17 clinicians who -- looking after him, I think that much of what Mr Ongwen expresses
18 are true feelings. I mean, what I see, like in the video when he's interacting with
19 others, I think that those are really -- if he's expressing happiness, he's really
20 expressing happiness. If it is sadness, it is sadness. I have not seen like a -- what
21 contradicts his inner self from what he is expressing.

22 So back to your question, could the fact that expression of weakness, sadness be a sign
23 of escape and, as such, if you expressed -- as such, they were forced to express the
24 opposite and could this have impacted on? If the impact is there, I think it is
25 minimal, in my own opinion.

1 Q. [14:54:49] In Professor De Jong's report he also talks about suicide, and I would
2 like you to comment about Mr Ongwen's alleged conduct that he would go into battle
3 hoping that he would be killed, or that he challenged Mr Kony every now and then
4 hoping that he would be killed.

5 A. [14:56:19] Okay. This -- these kind of statements are not -- are not unusual in
6 the kind of assessment -- I mean, in my clinical experience. If someone makes this
7 kind of statement when I'm assessing them, I would like to further understand it.
8 Again, I do not take it at face value that when someone says hoping that they would
9 be killed, I can't be -- I really want to make sure am I dealing with someone who is
10 imminently suicidal, or am I -- because it's going to inform what I do next in terms of
11 management. So this, then I would go ahead to ask, just to understand it better, to
12 help me manage the situation, "So if you're hoping to be killed and you are not killed,
13 how did that make you feel? What did you do after that? How have you managed
14 to go on up to now?" you know, and on and on until I am sure that I am dealing with
15 some who is not imminently suicidal or someone who is mentioning this because it
16 would add on to my impression or someone. So I would really not take it at face
17 value. And the way it appears here now, I am not sure I can make a comment. I
18 needed to have more information around these statements to make -- to make a useful
19 comment.

20 Q. [14:58:17] Moving on. We've heard during Dr Mezey's testimony about PTSS.

21 A. [14:58:30] PTSS.

22 Q. [14:58:31] Are you familiar with this term?

23 A. [14:58:35] I am familiar with post-traumatic stress symptoms. And when I saw
24 PTSS I actually thought maybe that was post-traumatic stress symptoms. These are
25 when someone finds symptoms that do not make full criteria of post-traumatic stress

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 disorder. But there are symptoms, yes, they are post-traumatic stress. But because
2 they do not make a criteria for a full post-traumatic stress disorder we will regard
3 them as symptoms. We can put them here, come back later, do more assessments,
4 maybe we will find some more symptoms so that we can make a full diagnosis, and
5 then we call it post-traumatic stress disorder. But that's -- perhaps in other parts of
6 the world it means something else, I don't know. But for me this is -- this is how I
7 understood it. Yeah.

8 Q. [14:59:49] Now, you told us about the time you were the head of the forensic
9 unit at Butabika Hospital?

10 A. [14:59:59] Yes.

11 Q. [15:00:00] Are there any other public mental health hospitals in Uganda, apart in
12 that one in Kampala?

13 A. [15:00:08] That is the only national referral mental hospital. However, there are
14 mental health units in regional referral hospitals. We have a mental health unit in
15 Gulu University. We have a mental health unit in Arua hospital. We have a mental
16 health unit in -- in Mbale hospital, and moving down this side, Jinja, so --

17 PRESIDING JUDGE SCHMITT: [15:00:52] No, I don't think -- I don't think we need
18 to name all of them, yes.

19 THE WITNESS: [15:00:58] Okay.

20 PRESIDING JUDGE SCHMITT: [15:00:59] Ms Bridgman.

21 MS BRIDGMAN: [15:01:02]

22 Q. Let me focus on the one in Gulu.

23 A. [15:01:04] Okay.

24 Q. [15:01:05] During your work at Gulu University, you -- I believe you mentioned
25 that some of your students would go out in the field.

1 A. [15:01:16] I've been out in the field with the master of medical anthropology
2 students, and not the undergraduates.

3 Q. [15:01:41] Are you aware of any research that has been conducted on the general
4 population of northern Uganda regarding PTSD?

5 A. [15:01:49] Mm-hmm, yeah, I -- yeah. I think there's one particular one I can cite.
6 Yes.

7 Q. [15:02:14] In your own practice how many child soldiers -- former child soldiers
8 have you worked with? Perhaps not in numbers, but have you treated child
9 soldiers?

10 A. [15:02:29] Child soldiers, I -- I have, not many, but I request that I don't talk
11 about that here, if that is acceptable.

12 PRESIDING JUDGE SCHMITT: [15:03:01] I think if you have worked with child
13 soldiers, I think there is nothing to hide about this fact and also if you could provide
14 us with an approximate number, if you can. But there is nothing, I think you would
15 not be asked specificities on certain persons, I would assume. So you can provide us
16 with at least an approximate number.

17 THE WITNESS: [15:03:26] Two. Two. But I -- I have not worked with them as, as
18 children, but as people who were -- who were in the -- who were in the bush as
19 children and then they come out and they are adults. Yeah.

20 MS BRIDGMAN: [15:03:55]

21 Q. Were any of these children accused of --

22 A. [15:04:12] Adults.

23 Q. [15:04:14] Okay, adults. Were they accused of committing violent crimes or
24 they were just patients for just their mental wellbeing?

25 A. [15:04:22] They were patients. Some of them colleagues.

- 1 Q. [15:04:29] Now from what you have -- from your experience -- no, I will not -- I
2 will move on to another question.
- 3 A. [15:04:45] Okay.
- 4 Q. [15:04:48] I'm going to read to you a portion of testimony.
5 Your Honours, this is P- -- Professor Tim Allen's testimony, transcript 29, at page, I
6 believe, 36. It might be 37, but 36.
- 7 A. [15:05:17] Which binder?
- 8 Q. [15:05:19] Oh, no, you don't have it. I'll be reading it for you.
- 9 A. [15:05:21] Okay.
- 10 Q. [15:05:24] He says: "I think it is fair to say, rather vulnerable people when they
11 first returned from the LRA, many of whom were clearly disturbed by what had
12 happened to them and they would recount their experiences, sometimes at enormous
13 length, describing what had happened day after day. Sometimes I would sit with
14 people for very long periods and they would describe things to me. And some of
15 them" -- no. I will stop there.
16 I noted at your -- at page 0736 of your report.
- 17 A. [15:06:18] 0736.
- 18 Q. [15:06:27] That is page 5.
- 19 A. [15:06:29] 0736, yes.
- 20 Q. [15:06:36] And in particular at footnote 8.
- 21 A. [15:06:40] Footnote 8?
- 22 Q. [15:06:41] Yes.
- 23 A. Yes.
- 24 Q. There is reference to avoidance symptoms.
- 25 A. [15:06:44] Yes.

- 1 Q. [15:06:44] And one of them is, it says, "They may avoid talking about the
2 traumatic events."
- 3 A. [15:06:53] Yes.
- 4 Q. [15:06:54] Now from the testimony about these other persons' impressions of
5 former abductees --
- 6 A. [15:07:00] Yes.
- 7 Q. [15:07:01] -- is there a contradiction?
- 8 A. [15:07:03] No. But I would like to explain.
- 9 Q. [15:07:07] Please.
- 10 A. [15:07:09] Individuals are different and in all aspects, but particularly when it
11 comes to how we react or how we cope, we cope differently and so there are those
12 who would cope by talking about their traumatic event, and actually that helps them.
13 In a way it is, it is therapeutic, but it will also tell you that those who are ready to talk,
14 they're ready to reorganise their memory so that they incorporate their traumatic
15 memory into their existing memory and it doesn't overwhelm them anymore.
16 So at that level, they are -- as they talk about their traumatic memory, their traumatic
17 experiences, they are reorganising, each time they tell their story it's being
18 reorganised, it's being accepted, it's being placed there and it will now be taken as an
19 experience.
- 20 At the level -- at the time when they are still avoiding, the avoidance symptoms,
21 another person would be at that level still, yeah? The other one is at the level of
22 wanting to reorganise their memory, to accept and -- but another one would be at the
23 level of this is still, "I can't, I can't begin to, to reorganise this", and then that calls for
24 therapy or assessment to just find out at what level each person is so that you do not
25 cause unnecessary stress by forcing people to talk out their traumatic experiences. I

1 hope that makes sense. So I don't find contradictions.

2 PRESIDING JUDGE SCHMITT: [15:09:29] Perhaps to underscore that, what you

3 said, that you started, individuals are different and in all aspects, you have said.

4 And I think the quotation continues, answer by Mr Allen on line 22: "... it was

5 variable from one person to another."

6 THE WITNESS: [15:09:48] Okay.

7 PRESIDING JUDGE SCHMITT: [15:09:49] So there are obviously different modes,

8 different kinds how you cope with the trauma that you might have.

9 THE WITNESS: [15:09:59] Okay. Thank you, your Honour.

10 MS BRIDGMAN: [15:10:02]

11 Q. [15:10:17] Now, Dr Mezey in her testimony said and this is at transcript 163,

12 page 49, I will read it for you.

13 A. [15:10:32] Okay.

14 Q. [15:10:33] "Post-traumatic avoidance would be a refusal to talk -- in

15 Mr Ongwen's case, a refusal to talk about any of his experiences and manifestation of

16 extreme distress and agitation if he was having to talk about them."

17 There is ample evidence -- and she says later on the same page: "There is ample

18 evidence that Mr Ongwen is more than willing to talk about his experiences in the

19 LRA."

20 Would I be correct to understand from what you have just told us that just because

21 Mr Ongwen is willing to talk about his experiences does not preclude that he

22 manifests symptoms of post-traumatic stress disorder?

23 A. [15:11:32] If the symptoms -- because when you talk about the symptoms that

24 make up PTSD, avoidance is one of them. And under avoidance there are others,

25 but they are points there and it has to be, I think either two of these ones. And they

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 all talk about, you can either avoid the space, the place, you avoid, you avoid people,
2 you avoid -- so the avoidance is not -- it's not just one and it can be either of those
3 ones that are listed.

4 So it is possible that as someone can have avoidance symptoms, avoid the place,
5 avoid other avoidance symptoms, and, and then they talk about those other
6 symptoms that are not -- do not evoke a lot of anxiety, they can still be selective and
7 talk about the symptoms that do not invoke. So they will talk about other things, but
8 perhaps avoid particular areas that might invoke a lot of anxiety or bring back fresh
9 memories. So it depends on what she was talking about.

10 So again, it's not an all or nothing situation. It's really variable, and a person who is
11 assessing is the one who needs to be able to pull out for us these variabilities and
12 conclude for us.

13 Q. [15:14:15] You talk about anxiety and there is something that I was looking for, I
14 just found. In Professor de Jong's report, that's tab 5 of the big -- the Prosecution
15 binders.

16 A. [15:14:55] Yes, please.

17 Q. [15:14:56] At page 13.

18 A. [15:15:14] Page 13.

19 Q. [15:15:15] Yes, in the second paragraph.

20 A. [15:15:18] Yes.

21 Q. [15:15:20] It says right there, "Asked what he did to become a commander, DO
22 tells the following." And then there is something that is in parentheses where it
23 appears to be Professor de Jong's --

24 PRESIDING JUDGE SCHMITT: [15:15:42] Impression.

25 MS BRIDGMAN: Impressions.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 PRESIDING JUDGE SCHMITT: At the time, yes.

2 MS BRIDGMAN: [15:15:44] Thank you. I couldn't find the word.

3 Q. He says, "DO is frowning now, gives long answers, seems somewhat agitated
4 and angry". Are these things that would indicate anxiety or some kind of -- what
5 would they be indicative of?

6 A. [15:16:10] Frowning, anger, gives long answers, seems somehow agitated and
7 angry. I think that it would be -- from -- from this interpretation, I think it is more of
8 anger, being upset, other than anxiety, yeah. Because anxiety, if he had said that
9 maybe he is -- he is shaky, and sitting at the edge, and those would describe more of
10 anxiety. But this description here, to me, it's more of someone who is upset, who is
11 angry. Yeah.

12 Q. [15:17:07] Thank you for the insight. You talked about PTSD that causes
13 substantial personality changes?

14 A. [15:17:15] Yes.

15 Q. [15:17:17] Now, first of all, would I be correct to say that most research on PTSD
16 has been done on veterans from the Vietnam War?

17 A. [15:17:40] I would need to -- maybe we can quickly prove that by doing some
18 search and just counting and finding the percentage.

19 PRESIDING JUDGE SCHMITT: [15:17:56] No, I don't -- I don't think that we would
20 have to do that, so you can continue.

21 And please do not forgot that we are talking about a certain period in time, the
22 charged period in time.

23 THE WITNESS: [15:18:13] Yeah, I can't say yes or no. This is something we
24 can -- we can prove by doing research.

25 PRESIDING JUDGE SCHMITT: [15:18:21] Yes. And of course you don't have the

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 material there to do this research at the moment here in the courtroom.

2 THE WITNESS: [15:18:27] No. No.

3 PRESIDING JUDGE SCHMITT: [15:18:28] Please continue.

4 MS BRIDGMAN:

5 Q. [15:18:29] And neither am I. And I'm not trying to put you on the spot,

6 Dr Abbo, so you don't have to feel like you have to answer what you don't know.

7 A. [15:18:38] Okay.

8 Q. [15:18:40] I guess the reason I'm asking is I'm wondering how much of that
9 research on PTSD and how it manifests, and the impact of it, or how you range it
10 from mild to moderate to severe, how much of the research has been done on former
11 child soldiers who did not join forces on their own volition. Do you have any idea
12 of --

13 A. [15:19:08] No.

14 Q. [15:19:13] Now, when you talk about substantial personality changes, for
15 someone like Mr Ongwen who was abducted at 10, how can you assess personality
16 changes? What baseline do you use to say, the way I understand it is, if you leave
17 for war and come back your family can assess whether you have come back a
18 changed man or not. So for a child abducted at 10, how can you assess the
19 personality changes?

20 A. [15:19:51] First of all, you need, as you say, you need to have a baseline, and you
21 also need to have information on how this person could have been functioning, you
22 know, throughout, which assessment I think I really talked about yesterday. But
23 then we generally have -- we have a general understanding of -- of how humans
24 should function in an acceptable manner, and also we are looking at someone's
25 response, for example, in terms of whether they have -- whether they have a family,

1 whether they carry out what they're supposed to be carrying out at that particular
2 time, how they react or how they respond to -- in certain situations. And some of
3 those aspects were provided and -- and then I was also looking at what are those
4 things that he used to do that he is not doing anymore.
5 And so I looked at, for example, the statements of he himself saying that they prayed,
6 they had the Bible, and all these other things, and those are some of the things that
7 helped him to cope and he continued to do those things.
8 He had family in the bush, and my own understanding is that he values his family,
9 everything around him is evolving around his family, his children, he wants to die
10 because of his family, he wants -- so life didn't seem like it really was like -- like
11 meaningless in terms of looking at PTSD that has become so chronic that someone's
12 personality has changed in terms of life becoming meaningless, in terms of not caring
13 anymore, in terms of just being there, no energy, and so -- so that made me conclude
14 that he held on to anything that would give him meaning in life and he still holds on
15 to those things to help him cope. Again, I feel I have -- I'm winding a lot, but maybe
16 you've picked out what you would want to hear. I don't know.

17 Q. [15:23:26] Yes, I have. And that's why I'm writing and taking some notes.

18 A. [15:23:30] Okay.

19 Q. [15:23:36] During Professor Mezey's testimony something else came up, the
20 difference between mood and affect, if at all. Is there a difference and, if so, what is
21 it?

22 A. [15:23:57] *Well, some psychiatrists think there is no difference, even some
23 literature puts mood/affects, but I think there is -- clinically when we say mood we
24 mean a sustained inner feeling that indicates someone is depressed or someone is not
25 depressed.

1 But when we say affect, affect is a momentary thing, yeah. Like when we say
2 someone has a reactive affect, someone might have a reactive affect for that particular
3 moment, you said something that amuses them and they are amused and they
4 express that affect. But while -- while the mood is -- is sustained and it's the inner
5 thing, it's -- it's what is there underlying the mood, and then what we say is the affect.
6 But as I mentioned earlier, there are variations. There are some people who think
7 that it's -- mood and affect is the same. And sometimes, like, they say mood
8 disorders, in other textbooks it's affective disorders, so.

9 PRESIDING JUDGE SCHMITT: [15:25:34] But I think we are soon being more
10 specific because we are not here in the lecture class of psychiatry. It's not your fault,
11 you have been asked, but we would soon have to see where this leads to.

12 MS BRIDGMAN: [15:25:53]

13 Q. [15:25:59] If we work on the hypothesis that indeed there is a distinction, would
14 I then be correct to say that each snippet of information that you were given by the
15 Prosecution was more a reflection of affect and not mood of Mr Ongwen?

16 A. [15:26:22] No, I don't think you would be correct to say that, with all due respect.
17 I'm just trying to think which documents could have reflected mood. I think that the
18 clinical notes that I got -- you know, the clinical notes that the other clinicians, the
19 psychologists, the ones who see Mr Ongwen regularly, and I think those ones were
20 rather consistent in their conclusions and -- and I think that -- I would say that their
21 conclusions were really about mood and not affect, because they would say things
22 and then in the end they will make up their mind and say he's relaxed, he's, you know,
23 and I think that would give us a picture of his mood and really not affect. But
24 perhaps the report -- the experts' reports maybe would give us a feel of his affect. I
25 don't know, maybe, because I wasn't there.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 Q. [15:28:06] So clips of videos or audio recordings which are very short would be
2 more of affect than mood -- would be reflective of his affect and not necessarily his
3 mood, correct?

4 A. [15:28:25] It would be -- okay, let me again take a little time and explain
5 something. When you see the affect, again you don't take it at face value, you need
6 to ask yourself is this affect congruent with mood? Is it in line with what I am seeing
7 as mood or what this person is saying about their mood?

8 And sometimes one is able to gauge whether what you are seeing is what -- could be
9 what someone is feeling inside, depending on many things, facial expression, body
10 language, you know, observation. Someone smiles and you tell this is a plastic smile,
11 this is not -- this is fake. And someone smiles and you know this is real smile. I
12 guess we can have that feel. And that's the same thing that you look at, even the
13 video, you look at it and you have a -- you have a picture of this person, this is
14 genuine, this is something coming from inside and not just plastic. So then it
15 becomes mood congruent. So really one might be able to connect the two, if you
16 have the skills to do that, yeah.

17 Q. [15:29:59] In your report you acknowledge that you did not examine
18 Mr Ongwen, but you worked on the presumption that the diagnosis from the experts
19 who examined him were true.

20 A. [15:30:18] Yeah, yeah. I mean, that's what they had said in their report.

21 Q. [15:30:23] Why did you choose to work on this presumption?

22 A. [15:30:26] Because I -- I haven't -- I'm not the one who examined him, so.

23 PRESIDING JUDGE SCHMITT: [15:30:36] And this has been answered already
24 yesterday.

25 THE WITNESS: [15:30:39] Yes. Thank you, your Honour.

1 MS BRIDGMAN: [15:30:42]

2 Q. [15:30:44] In reading those reports did you find evidence to suggest that

3 Mr Ongwen was faking any of the symptoms reported?

4 A. [15:30:59] That was not my angle at which I looked at the reports. So unless,
5 unless this Court wants me to go back and look at that. But I really did not, I did

6 not -- in my mind, I was doing the task that I was asked to do and really, I didn't -- I
7 said, I'm working on the assumption that the experts have made their diagnosis, let
8 me take it on from there.

9 Q. [15:31:38] Dr Abbo, I thank you for your patience.

10 MS BRIDGMAN: Your Honours, this marks the conclusion of my own questions,
11 but like I mentioned earlier, lead counsel will have follow-up questions.

12 PRESIDING JUDGE SCHMITT: [15:32:08] Of course. Thank you, Mrs Bridgman.
13 Mr Ayena, you have the floor.

14 MR AYENA ODONGO: [15:32:16] Thank you very much.

15 PRESIDING JUDGE SCHMITT: [15:32:18] This would expedite extremely if you
16 were to turn on the microphone.

17 MR AYENA ODONGO: [15:32:24] This would be the professor's expertise in this.
18 Thank you very much, Mr President, your Honours.

19 QUESTIONED BY MR AYENA ODONGO:

20 Q. Dr Abbo, permit me to add my voice to welcoming you to this honourable
21 Court where you have so far provided very important pointers to what I'm sure the
22 Court is looking for.

23 I want to start from the premise, Dr Abbo, that it is discernible that what marks you
24 out from the psychiatric experts called to opine before this Court is that: Number 1,
25 you are a certified specialist in child and adolescent psychiatry; number 2, your main

1 area of research is in mental illness, which is very relevant to the case before Court;
2 number 3, you wrote your PhD thesis on traditional healers; and five, and perhaps
3 most importantly, you are specialised at PH level -- PhD level, transcultural
4 psychiatry.

5 Before I put some specific questions to you, I shall put to you some general questions
6 on the above areas of specialisation. Let's begin with child and adolescent
7 psychiatry.

8 A. [15:34:34] Yes.

9 Q. [15:34:36] Doctor, in relation to the case before Court, I know that apart from
10 Professor de Jong's report and those -- and that of Professor Ovuga and Dr Akena, on
11 their interview with Dominic Ongwen, you did not have the benefit of any direct
12 evidence on his childhood background up till the time of his abduction; am I correct
13 there?

14 A. [15:35:13] Yeah, the -- yes, you are correct.

15 Q. Yes.

16 PRESIDING JUDGE SCHMITT: [15:35:23] I think Mrs Bridgman has already
17 brought that out.

18 MR AYENA ODONGO: [15:35:30] Yes.

19 Q. [15:35:31] Now, Dr Abbo, how did you then come to the conclusion, and from
20 what is on record, I would suggest, and very strongly, that it was without recognising
21 any limitation that the complex interaction between the individual, social and
22 ecological factors over the course of his life had gone on satisfactorily well. How did
23 you come to that conclusion?

24 A. [15:36:08] From the assessment of the attachment issues, one can make inference,
25 even at adult level, you know, even without having -- actually, even without having

1 any information, you can meet an adult and have an idea of whether or not they had
2 good childhood foundation.

3 PRESIDING JUDGE SCHMITT: [15:36:41] Also, Mrs Ayena, I think also
4 Ms Bridgman has covered that area this morning and there was a similar answer. So
5 perhaps if you could focus on areas that have not already been -- we have not already
6 talked about.

7 MR AYENA ODONGO: [15:37:06] Mr President, I'm drawing this out because of
8 subsequent questions, the subsequent questions may not be easily (Overlapping
9 speakers)

10 PRESIDING JUDGE SCHMITT: [15:37:12] Yes, but as I -- but as I said --

11 MR AYENA ODONGO: Yes.

12 PRESIDING JUDGE SCHMITT: -- I think we have talked about this. You can go
13 directly to the new question, so to speak.

14 MR AYENA ODONGO: [15:37:22]

15 Q. [15:37:23] Now, Dr Abbo, supposing you had had the benefit of accessing what
16 you call, among others, his interaction with the physical environment and interactions
17 with other people, groups and institutions and you had found that they showed
18 differently from what you call your inferences from information and report of other
19 experts, might you have come to a different conclusion?

20 A. [15:38:10] I would be very surprised, first of all, if -- if I came -- I was able to be
21 there in time, that time when the secure attachment was taking place, and he had -- he
22 had a different environment and yet he has pulled out from this. But then I would
23 begin to ask myself, what is it, what are those factors that could have helped him?
24 And then of course, then that would give more weight to the environment that -- the
25 bush, that could have supported him to, to pull out and be the person that we are

1 seeing to survive and to be alive.
2 So it would have given more weight for the bush environment because really human
3 beings, we are in direct -- in terms of our survival and development, it is the
4 environment that does that. If a child is taken to a bush with monkeys, there's
5 a story of a young child who was snatched from the back of the mother by monkeys,
6 and that child, by the time that child came to human beings, he was like monkeys. I
7 mean, he had even grown hair, no language, he was moving like monkey because
8 there were no human beings there. But when he got back to this environment, he's
9 actually now -- one time I entered a taxi with him, he's walking like -- he's talking and
10 he's no longer looking like a monkey. So then that would place a lot of my -- my
11 thinking would be then the bush would have been a very -- you know, a highly
12 favourable environment for him to be able to, to be able to -- to wade through it and
13 come out.

14 Q. [15:40:34] That is a very well-considered opinion, but I'm going to put certain
15 suppositions to you. It is a known fact, and I don't know whether you are aware,
16 that Dominic Ongwen comes from Coorom, which is part of Lamogi. And I hope
17 from the way you seem to be very well versed with historical background, you may
18 have also known that Lamogi experienced in 1912 what was called the Lamogi
19 rebellion?

20 PRESIDING JUDGE SCHMITT: [15:41:29] Mr Ayena, I have -- you know, I
21 always and the Chamber is interested also in the historical aspects, but we have here
22 now an expert who is supposed to testify about --

23 MR AYENA ODONGO: [15:41:47] I am talking about exactly that.

24 PRESIDING JUDGE SCHMITT: [15:41:49] Yes, but we are now 1912. So please
25 move on.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 MR AYENA ODONGO: [15:41:53]

2 Q. Given -- suppose, Ms Abbo, you went to the background, the origin of birth of
3 Dominic Ongwen and discovered that he was told, among other things, that the
4 people of Lamogi believe in spiritualism and that, you know, this shaped the views
5 and the opinions of that community and he is a child who runs directly into -- after
6 abduction, goes into -- I mean, goes face to face with, I mean, spiritualism based on
7 the same beliefs. Would that have helped, Madam Witness, in your conclusions
8 about his background, that he knew about spiritualism?

9 A. [15:43:03] Would that have helped?

10 Q. [15:43:07] To change your conclusion about what you call -- your conclusion
11 that the complex interaction between the individual's social and ecological factors
12 over the course of his life was favourable by the time he was abducted?

13 A. [15:43:32] No, I wouldn't -- it wouldn't change that because we are talking about
14 a community where people believed in spiritualism, all their views and opinions were
15 formed within that, and then Mr Ongwen gets out of that community and goes to the
16 bush that has similar, similar thinking, similar views.

17 Q. [15:43:58] Yes. And he was told here, "If you don't do this, you shall be killed.
18 There is a man called Joseph Kony who sees everything, knows everything and
19 therefore your only survival is if you move by the policy and the rules of the game."

20 A. [15:44:26] I don't get you because this community that is believing in
21 spiritualism, does it make it -- does the belief in the spiritualism make it, make it
22 unfavourable? To me, it doesn't. The belief in spiritualism itself doesn't make it
23 unfavourable.

24 PRESIDING JUDGE SCHMITT: [15:44:46] I think this is, I think this is an answer.

25 MR AYENA ODONGO: [15:44:49] Pardon?

- 1 PRESIDING JUDGE SCHMITT: [15:44:51] I think this is an answer.
- 2 MR AYENA ODONGO: [15:44:52] That is an answer.
- 3 PRESIDING JUDGE SCHMITT: [15:44:55] Yes. And, Mr Ayena, you are aware that
4 we have to finish at 4 o'clock.
- 5 MR AYENA ODONGO: [15:45:00] This is why I was saying there are so many areas
6 that I feel not complete and I think I would be disinclined to think that 15 minutes
7 will be enough, with due respect, your Honour.
- 8 PRESIDING JUDGE SCHMITT: [15:45:14] Then we would have to reconvene
9 tomorrow morning, of course. That's not a problem, but --
- 10 MR AYENA ODONGO: [15:45:21] Yes.
- 11 PRESIDING JUDGE SCHMITT: [15:45:23] -- you know, also, let me just tell you also
12 about the possible influence of spiritual beliefs on the mental state we have also
13 discussed already. It's not new. I think this has also been part of the questioning of
14 Ms Bridgman today, so it might be a little bit of a different angle, but nevertheless,
15 these are matters that have, and issues that have already been part of the examination
16 of this expert. But please continue.
- 17 MR AYENA ODONGO: [15:45:54] I'm guided, your Honour.
- 18 Q. [15:45:57] Now, let's talk about mental illness, vis-a-vis mental defect.
19 Madam Witness, is a religious fundamentalist who knowingly and willingly
20 undertakes a suicidal mission from the context of his mental disposition, a normal
21 person at least at the time he undertakes that mission?
- 22 A. [15:46:39] Let me see if I understood you. A person who takes a religious
23 mission based on what they strongly believe in --
- 24 Q. [15:46:52] Yes.
- 25 A. [15:46:54] -- would this person be mentally ill, is that what you're asking?

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 Q. [15:46:58] The question is: Would you call that person a normal person? If
2 he's not normal, is he ill or is he having a defect in his mind? That is the question I
3 want to put to you.

4 A. [15:47:16] I would, I would have to carry out a full psychiatric examination to
5 answer that question. However, DSM-5 has a definition of mental disorder and in
6 that definition it is stated that deviations due to politics, sexual deviation or whatever
7 it is, is not regarded as a disorder unless someone's functioning is impaired due to
8 that deviation of whatever it is. So really I would have to, to do a full psychiatric
9 evaluation before I can say this is normal or not, regardless of their beliefs they hold.

10 PRESIDING JUDGE SCHMITT: [15:48:16] And we would have, of course, to see
11 what this has to do with Mr Ongwen.

12 MR AYENA ODONGO: In the context of the case before you, your Honours, we
13 have already talked about suicidal tendencies and that is what fundamentalists do.
14 That's why I want to draw analogy between --

15 PRESIDING JUDGE SCHMITT: [15:48:50] Now I understand.

16 MR AYENA ODONGO: Yes.

17 PRESIDING JUDGE SCHMITT: Okay. Please continue.

18 MR AYENA ODONGO: [15:48:52] Yes.

19 Q. [15:48:53] And, Dr Abbo, in your statement and indeed in your testimony in
20 court yesterday you said part of your terms of reference was to make
21 a comprehensive forensic assessment of Dominic Ongwen's mental condition as it
22 relates to excluding criminal responsibility and specifically under Article 31(1)(a) of
23 the Rome Statute. Madam, I want us to look at and consider the provision of the
24 article together and see whether you addressed your mind to the terms of reference.

25 A. [15:49:46] Okay.

1 Q. [15:49:48] Of course I'm acutely aware of Court's intervention on this subject
2 yesterday, but I still think it is our duty to draw your attention to the provision.

3 PRESIDING JUDGE SCHMITT: [15:49:59] Which you can follow on your own report
4 where you have cited it, that is 0756, page 25 of your report.

5 THE WITNESS: [15:50:22] Okay.

6 MR AYENA ODONGO: [15:50:23]

7 Q. Doctor, the phrase I want us to concentrate on is, "suffers from a mental disease
8 or defect". What did you make of this?

9 A. [15:50:49] Suffers from a mental disease or defect.

10 Q. [15:50:53] Yes.

11 A. [15:50:56] I may have understood it in a different way, but I understood a defect
12 to mean that problem that arises throughout childhood, as I explained yesterday, that
13 because maybe if we are talking about intellectual disability, it would -- it may not fit
14 into disease, but depression, schizophrenia, PTSD then would fit into that disease and
15 then the defect would be if a child has a disorder that probably they are born with or
16 it develops earlier in development and, you know, that's -- that's how I understood
17 this, that particular section.

18 Q. [15:52:09] You may have noticed, Madam Witness, that the provision is specific.
19 It's talking about at the time of the action, defect at the time of the action.

20 A. [15:52:27] Yes.

21 Q. [15:52:27] Does it make a difference?

22 A. [15:52:29] At the time, yeah, I mean at the time of committing the crime.

23 Q. [15:52:37] Yes.

24 A. [15:52:37] Yes.

25 Q. [15:52:38] (Microphone not activated)

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 PRESIDING JUDGE SCHMITT: [15:52:41] Microphone, please.

2 MR AYENA ODONGO: [15:52:43]

3 Q. You are talking about, you know, development through childhood and so on
4 and so forth?

5 A. [15:52:50] Yes. Really, as I mentioned earlier, I took the perspective of a holistic
6 view. I believe that a lot of what happens in adult life is affected in that -- from an
7 early, an early life of that individual. And so my perspective is looking at an
8 individual holistically, perhaps even going back before birth. But in this case I
9 started from the time he was born. So -- and, and that is my -- that is how I looked at
10 the whole situation. So if that is not -- if that is not understood in that way, then --

11 PRESIDING JUDGE SCHMITT: [15:54:00] Really, and Mr Ayena rightfully started
12 his questioning with a remark that your special expertise is in certain areas and one of
13 these areas was that you are specialised in psychiatry of young people. And mental
14 diseases or defects, however you would word it, don't fall from the sky, or sometimes
15 they do.

16 THE WITNESS: They do.

17 PRESIDING JUDGE SCHMITT: Sometimes they do. I have to apologise there. To
18 be more precise. But often they don't. And because of that, it makes sense to go
19 back in time and to try to understand if developments at young age, at childhood, in
20 adolescence might have impacted on what the adult person does.

21 THE WITNESS: Yeah.

22 PRESIDING JUDGE SCHMITT: And you have explained that I think.

23 THE WITNESS: [15:54:50] Thank you, your Honour.

24 PRESIDING JUDGE SCHMITT: [15:54:51] I'm lecturing myself now. Excuse me.

25 THE WITNESS: Thank you.

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

- 1 PRESIDING JUDGE SCHMITT: Please, Mr Ayena.
- 2 MR AYENA ODONGO: [15:54:57] Thank you, Mr President. Was she meant to
3 comment again or I proceed?
- 4 PRESIDING JUDGE SCHMITT: [15:55:13] Ms Abbo seemed to have agreed.
- 5 THE WITNESS: [15:55:16] I have said, I said thank you. I already said thank you.
6 So I'm waiting.
- 7 MR AYENA ODONGO:
- 8 Q. [15:55:20] Okay. In this case you talked about historical perspective, but can I
9 put it in another way: Is it possible that along the way or even close to the time of
10 the crime alleged to have been committed something could still happen to him that
11 could cause a mental defect on him?
- 12 A. [15:55:47] People fall ill any time, so it is a possibility that he could have fallen ill
13 at some point in time. So, yes.
- 14 Q. [15:56:03] How about those conditions you talked about, as, you know, things
15 that were not within his control, circumstances not within his control?
- 16 A. [15:56:20] Circumstances not within his control in terms of?
- 17 Q. [15:56:26] In terms of pressure, "Do it, do it, do it".
- 18 A. [15:56:31] For survival?
- 19 Q. Yes.
- 20 A. Yes. I mean, yeah, there are situations when you are -- you must survive and
21 you must do certain things in order to survive, yeah. So ...
- 22 Q. [15:56:49] In that case, therefore, can we now form a common ground that there
23 could be a difference, however razor sharp, between mental illness vis-a-vis mental
24 defect?
- 25 A. [15:57:15] A sharp division, a sharp difference?

- 1 Q. [15:57:22] Sharp, however razor, razor blade.
- 2 A. [15:57:27] Yes.
- 3 Q. [15:57:28] Razor sharp, very -- however small, however small the difference may
4 be, is there a difference?
- 5 A. [15:57:38] From?
- 6 Q. [15:57:45] Between mental illness and mental defect?
- 7 PRESIDING JUDGE SCHMITT: [15:57:54] I also think we have discussed this
8 yesterday, and I have made an intervention in that respect which especially addressed
9 that and you answered me too.
- 10 As I said, it sometimes -- of course, the legislator does put some words into the law
11 for a reason and a legislator normally wants to encompass as much as in abstract as
12 he needs to express what he wants to express. and also we, jurists especially, tend to
13 like to put things into drawers, razor sharp like you do, but life is complicated and
14 human beings are complicated and sometimes it might not be so easy to put a certain
15 person or a certain instance or whatsoever into a drawer, that it only belongs there.
- 16 And for this we have these two expressions, that would be my understanding. But
17 that is a lecturing again a little bit. But it is indeed sometimes difficult. There
18 might of course, there is an idea behind and a difference behind disease and defect,
19 but there might be instances where a psychiatrist, for example, would
20 have difficulties to say "I put it in this drawer" or "I put it in that drawer" or even
21 different psychiatrists might have different opinions on that.
- 22 But I think we have now reached 4 o'clock.
- 23 Or perhaps, Ms Abbo, I interrupted. So you can please comment on that and tell me
24 that perhaps I'm completely wrong. You can say that.
- 25 MR AYENA ODONGO: [15:59:40] Mr President, I think she had to a greater extent

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

- 1 actually made a distinction.
- 2 PRESIDING JUDGE SCHMITT: [15:59:45] I agree, but there might, there might be
3 obscure or shady or difficult cases, so to speak. This I wanted to express.
- 4 MR AYENA ODONGO: [15:59:54] I am guide, your Honour.
- 5 PRESIDING JUDGE SCHMITT: [15:59:57] Yes.
- 6 Ms Abbo.
- 7 THE WITNESS: [15:59:59] Thank you, your Honour. I think you have done
8 a wonderful job in rescuing me. I'm happy about that, yes.
- 9 PRESIDING JUDGE SCHMITT: [16:00:06] So I think you would need more time
10 tomorrow, I understand.
- 11 MR AYENA ODONGO: [16:00:12] Yes.
- 12 PRESIDING JUDGE SCHMITT: [16:00:13] Yes. Okay. Can you already tell us,
13 but I would say you finish in the first session.
- 14 MR AYENA ODONGO: [16:00:16] Oh, yes, first session, by all means, yes.
- 15 PRESIDING JUDGE SCHMITT: [16:00:20] Okay, good. Then we conclude the
16 hearing for today.
- 17 Mr Taku is rising.
- 18 (Counsel confer)
- 19 MR TAKU: [16:00:43] Your Honour, I was anxious to check from Tom the accuracy
20 about the issue he made about the (Microphone not activated) I'm sorry.
- 21 PRESIDING JUDGE SCHMITT: [16:01:03] But we are only -- no, Mr Taku, we are
22 only talking about one session. That would be possible, I would simply say. Is that
23 correct, Mr Taku?
- 24 MR TAKU: [16:01:09] No. Actually it is correct, your Honours. I think --
- 25 PRESIDING JUDGE SCHMITT: (Microphone not activated)

Trial Hearing
WITNESS: UGA-OTP-P-0445

(Open Session)

ICC-02/04-01/15

1 MR TAKU: Yes, yes, your Honours. Yes.

2 PRESIDING JUDGE SCHMITT: [16:01:13] (Microphone not activated) One session,

3 Mr Taku. We don't have to specify, but we know the needs, and it's absolutely clear

4 that the rest of the day will be free then and we will be there to also relax and

5 everything. It's absolutely okay, we understand that.

6 So we conclude for today. Tomorrow 9.30.

7 MR TAKU: [16:01:38] Yes. It was absolutely necessary that Mr Ongwen knows

8 that -- that just one session tomorrow --

9 PRESIDING JUDGE SCHMITT: [16:01:44] Absolutely clear. We can assure that.

10 Thank you.

11 We conclude for today. 9.30 tomorrow.

12 (The hearing ends in open session at 4.02 p.m.)

13 CORRECTIONS REPORT

14 The corrections marked with an asterisk (*) in the transcript are implemented as

15 follows:

16 Page 5 line 19:

17 "in terms their context"

18 is corrected to page 5 line 19:

19 "in terms of their context"

20 Page 6 lines 3-5:

21 "it really just like if I'm reviewing literature, there are some materials that I would not

22 look at literature for anything. There is those materials that I would consider just the

23 abstract"

24 is corrected to page 6 lines 3-5:

25 "it's really just like if I'm reviewing literature, there are some materials that I would

1 not look at literally for anything. There are those materials that I would consider just
2 the abstract”
3 Page 11 line 15:
4 “it's unlikely that happens in unstable”
5 is corrected to page 11 line 15:
6 “it's unlikely that happens in an unstable”
7 Page 21 line 15:
8 “It so happens like, for example”
9 is corrected to page 21 line 15:
10 “It also happens like, for example”
11 Page 23 line 10:
12 “I think in sense”
13 is corrected to page 23 line 10:
14 “I think in a sense”
15 Page 25 line 24:
16 “At the time I knew or a I believed”
17 is corrected to page 25 line 24:
18 “At the time I knew or I believed”
19 Page 26 lines 9-10:
20 “But after a little bit, I came to realise that none of this was true and I didn't believe it
21 any more when I saw that none of these things happened.”
22 is corrected to page 26 lines 9-10:
23 “But after a little bit, I came to realise that none of this was true and I didn't believe it
24 any more when I saw that none of these things happened.”
25 Page 33 line 7:

- 1 "jealously"
2 is corrected to page 33 line 7:
3 "jealousy"
4 Page 45 line 1:
5 "identity has to be very severe"
6 is corrected to page 45 line 1:
7 "identity it has to be very severe"
8 Page 50 line 10:
9 "a reward, neurotransmitter"
10 is corrected to page 50 line 10:
11 "a reward neurotransmitter"
12 Page 58 line 4:
13 "make sure that moved from where he was"
14 is corrected to page 58 line 4:
15 "make sure that he moved from where he was"
16 Page 67 line 12:
17 "tender"
18 is corrected to page 67 line 12:
19 "tend"
20 Page 78 line 22:
21 "Well, some psychiatrists think they know difference"
22 is corrected to page 78 line 22:
23 "Well, some psychiatrists think there is no difference"