

Trial Hearing
Witness: CAR-OTP-PPPP-0229

(Open Session)

ICC-01/05-01/08

1 International Criminal Court
2 Trial Chamber III - Courtroom 1
3 Situation: Central African Republic
4 In the case of The Prosecutor v. Jean-Pierre Bemba Gombo - ICC-01/05-01/08
5 Presiding Judge Sylvia Steiner, Judge Joyce Aluoch and
6 Judge Kuniko Ozaki
7 Trial Hearing
8 Wednesday, 13 April 2011
9 (The hearing starts in open session at 9.19 a.m.)
10 THE COURT USHER: All rise. The International Criminal Court is now in session.
11 Please be seated.
12 THE COURT OFFICER: Good morning, your Honours, Madam President. We are
13 in open session.
14 PRESIDING JUDGE STEINER: Good morning. Could, please, the court officer call
15 the case.
16 THE COURT OFFICER: Yes, Madam President. Situation in the Central African
17 Republic, in the case of The Prosecutor versus Jean-Pierre Bemba Gombo, case
18 reference ICC-01/05-01/08.
19 PRESIDING JUDGE STEINER: Thank you very much. Good morning and
20 welcome Prosecution team, legal representatives of victims, the Defence team,
21 Mr Jean-Pierre Bemba Gombo. Good morning to our interpreters and court
22 reporters. Again, the Chamber is forced to apologise for the delay caused by again
23 IT or technological problems. This having an eCourt brings some advantages and
24 disadvantages.
25 We will continue today with the questioning of Witness 229. I suppose that before

Trial Hearing
Witness: CAR-OTP-PPPP-0229

(Open Session)

ICC-01/05-01/08

1 that the court officer needs to make an announcement. Court officer, please.
2 THE COURT OFFICER: Thank you, Madam President. (Microphone not
3 activated).
4 PRESIDING JUDGE STEINER: Microphone.
5 THE COURT OFFICER: I am sorry, I will start all over again. Yesterday, document
6 ICC-01/05-01/08-1248-Conf-Anx-A was shown to the witness. For the record of the
7 case, this document is the one that will be attributed the reference EVD-T-OTP-00606
8 and it will be marked as confidential, and it would not be the public redacted version
9 that would be filed shortly. Thank you.
10 PRESIDING JUDGE STEINER: Thank you very much. I now ask, please, court
11 usher to bring the witness in.
12 (The witness enters the courtroom)
13 WITNESS: CAR-OTP-PPPP-0229 (On former oath)
14 (The witness speaks French)
15 PRESIDING JUDGE STEINER: Good morning, Dr Tabo.
16 THE WITNESS: (Interpretation) Good morning, your Honour.
17 PRESIDING JUDGE STEINER: We hope you had a restful night and that you are
18 ready to continue giving your testimony before this Chamber.
19 THE WITNESS: (Interpretation) Yes, your Honour.
20 PRESIDING JUDGE STEINER: Dr Tabo, I need to remind you that you are still
21 under oath. Do you understand that?
22 THE WITNESS: (Interpretation) Yes, your Honour.
23 PRESIDING JUDGE STEINER: Thank you very much. I will give the floor to
24 Maître Badibanga. The Prosecution will continue with their questioning of the
25 witness. Maître Badibanga.

1 MR BADIBANGA: (Interpretation) Thank you, your Honour. Thank you to the
2 Chamber.

3 QUESTIONED BY MR BADIBANGA: (Interpretation) (Continuing)

4 Q. Good morning, Professor Tabo.

5 A. Good morning.

6 Q. We today shall be continuing our exchanges and we shall essentially be talking
7 about the report that you produced. To begin with, I would like to ask you for a few
8 definitions. How would you define sexual violence?

9 A. Sexual violence is a coercive manner of obtaining a sexual act. It is a matter of
10 obtaining sex with a partner who is not willing using force.

11 Q. Is there a definition for sexual violence used as a weapon of war?

12 A. Sexual violence used as a weapon of war is violence - sexual
13 violence - perpetrated during armed conflicts. Often, and in most cases, the
14 perpetrators of sexual violence, using such as a weapon of war, actually use weapons
15 as such to require from their partners to engage in the sexual act.

16 Q. Who are generally the targets of such sexual violence?

17 A. Generally speaking, the so-called vulnerable people are the targets, ones who
18 have no defences; essentially women and young girls.

19 Q. During your studies, did you ever observe this type of sexual violence in the
20 Central African Republic?

21 A. In the two studies that we published, that as I said relate to reports produced by
22 various teams and by our own clinical work, do indeed report on the actual existence
23 of sexual violence in the Central African Republic; in particular, during the 2002 to
24 2003 conflict.

25 Q. Do you have any information or indication that that has also happened in other,

1 perhaps previous, conflicts in the Central African Republic?

2 A. We did not get any reliable data concerning sexual violence that might have
3 occurred during previous conflicts previous to the 2002 to 2003 conflict.

4 Q. According to the data that you were able to gather, when you said that this
5 occurred in the Central African Republic during the events of 2002 to 2003, are you
6 referring only to the capital, or also to other cities in the country?

7 A. The sexual violence was perpetrated in Bangui and in several other localities in
8 the provinces of the Central African Republic, as is testified by the results obtained by
9 the various missions that were -- went out to those localities and in Bangui itself.

10 Q. When you referred to the various missions, I assume you are referring to the
11 provinces that you quoted yesterday; is that the case?

12 A. Yes, the various missions that were conducted do indeed concern the five
13 prefectures -- apart from Bangui, the five prefectures that we mentioned yesterday.

14 Q. Professor, in general, on the basis of your observations and your studies, what is
15 the motivation of the perpetrators of this type of sexual violence?

16 A. According to our studies and the conversations that we had with victims, there
17 are three essential reasons, three motivations, behind the acts of the perpetrators.
18 These were reported. This is what we understood. There is the fact that the victims
19 were considered to be war booty. As I said earlier on, because these are vulnerable
20 people, women and young girls who were abandoned by their men - because in a
21 period of armed conflict men generally take shelter - and in view of the fact that they
22 had no means for defending themselves, they are considered as being booty by the
23 perpetrators of sexual violence; war booty.

24 The second reason - the second motivation - that emerged from our studies is that
25 these victims needed to be punished because they were supposed -- they were

1 thought to support the troop that had just departed, that had just left the localities.

2 The victims were found in former strongholds of the enemy troops.

3 The third motivation, according to our studies, is to destabilise the enemy troops.

4 When enemy troops flee the locality they leave behind them, in general, the people
5 who were close to them, and so assaulting or raping those people can contribute to
6 destabilising the enemy.

7 Those are the three motivations that we were able to detect from our interviews, from
8 the clinical work we did with the victims.

9 Q. When you made your last remark you were actually answering my next
10 question, but nonetheless I will repeat that question. What has led you to all these
11 conclusions are the conversations - the interviews - that you had with the victims; is
12 that right?

13 A. Yes, the interviews we had with the victims are our basis.

14 Q. So, if I understand you rightly, the three motivations that you just described are
15 not just an overall theoretical assessment, but reflect what actually happened in the
16 Central African Republic. Is that what you're saying?

17 A. Yes.

18 Q. Could you perhaps explain to us once again why women should be punished?
19 You just told us that the second reason was to punish the women for their supposed
20 support. Could you please give us a little more input?

21 A. In the Central African Republic, women especially, and I think this applies in
22 most African countries, sub-Saharan African countries, is the very foundation of the
23 family. She is the one who is supposed to maintain the family, even though the male
24 must bring in the means for subsistence. In times of war, as the one experienced by
25 the Central African Republic, men were no longer there and women who had

1 remained, who had stayed behind in the village, in the locality, in the town, were the
2 ones who underwent violence, including sexual violence - in particular sexual
3 violence - and they were the ones who had to pay for their support - their alleged
4 support - to the men during peacetime, or support to the enemy, because when the
5 enemy has been in the locality, the women took care of their needs. So because the
6 troops -- because the soldiers were foreigners, they needed to punish those Central
7 African Republic women because they rightly thought that these women supported,
8 or had supported, the soldiers of the enemy camp.

9 Q. Does that mean that, according to your studies, the rapes were mostly
10 committed in places that had previously been occupied by enemy troops?

11 A. Yes, I can confirm that, because the five prefectures where sexual violence were
12 perpetrated are the five prefectures where there was armed conflict. There are 16
13 prefectures in all in the Central African Republic and the five in question lie in the
14 northern zone, the zone where the 2002 to 2003 armed conflict mainly took place:
15 Ombella-M'Poko, close to Bangui; La Kémo, not very far from Bangui; L'Ouham and
16 L'Ouham-Pendé.

17 Q. In your report, do you say -- and this is on page 5. The reference for the French
18 version is CAR-OTP-0065-0022, and I can give you the English language reference, is
19 CAR-OTP-0065-0047. You say in your report, Professor, that 42.2 per cent of rapes
20 were committed in the presence of members of the family. Is there a connection with
21 the notion of punishment that you have just described?

22 A. Yes, we do believe that this connection is almost a certainty, because raping a
23 woman before -- in front of a member of her family meant punishing her and
24 humiliating that member of the family, particularly as was sometimes the case
25 that -- if that member of the family was her husband. So the woman needed to be

1 punished, but the member of the family present also needed to be humiliated. In
2 fact, there were cases of murder of members of the family that were reported by the
3 victims.

4 PRESIDING JUDGE STEINER: Maître Badibanga, sorry to interrupt you. Could
5 you please check the reference number you gave in page 8, line 1.

6 MR BADIBANGA: (Interpretation) Your Honour, in the English version
7 CAR-OTP-0065-0047, the last paragraph begins "In such-and-such a number of cases."
8 That's where I'm referring to.

9 PRESIDING JUDGE STEINER: I'm trying to track down the French version.

10 MR BADIBANGA: (Interpretation) In the French version --

11 THE INTERPRETER: Message from the interpreters, if Prosecution counsel could
12 give the reference numbers more slowly, we would be most appreciative.

13 MR BADIBANGA: (Interpretation) No, number 22, that isn't right. It was a
14 typing error. That question can't be or that number can't be right. 0027.

15 CAR -- for the transcript it's CAR-OTP-0065-0027.

16 PRESIDING JUDGE STEINER: And I think that Judge Aluoch would like to put a
17 follow-up question before you proceed, Maître.

18 JUDGE ALUOCH: Thank you, Mr Badibanga. I have a follow-up question on that
19 three -- the Professor responded to your answer and gave three motivations, right?
20 Now, I'm looking at the report, I am looking at the Professor's report, English
21 translation is CAR-OTP-0065-0048. I would like to read this sentence and find out
22 from the Professor whether it is considered also a motivation, because you only gave
23 three, and this is what the sentence says: "Rape was used during the armed conflicts
24 in the Central African Republic as a weapon of war and afforded the soldiers, who
25 were often very concentrated under pressure and out of control, the opportunity to

1 unwind through sex." Would you consider that as a motivation, Professor, or it was
2 not? Thank you. It's under the -- in the report it is under the heading "Remarks on
3 the data." Thank you.

4 THE WITNESS: (Interpretation) Yes, your Honour. That particular sentence
5 indeed represents a motivation that might explain the sexual violence that occurred
6 given that, you see, they were soldiers who did not have any organised form of sex
7 life and in addition to the other motivations that we spoke of earlier there was this
8 motivation as well; namely, to obtain sexual release, for the soldiers to obtain sexual
9 release.

10 JUDGE ALUOCH: Thank you, Professor.

11 MR BADIBANGA: (Interpretation)

12 Q. Professor, we will continue after dealing with the suggestion from Judge Aluoch.
13 Now, could this reference be related to the first motivation that you spoke of, and I
14 will quote. You said, "The victims are seen as war booty." Is there a link between
15 these two particular -- these two particular items of information?

16 A. Yes, there is a link, because women are thought of as the spoils of war and so
17 women had become what you would call in psychology the object of sexual pleasure.
18 And so a soldier bearing arms thinks that he can make use of this object as he wishes
19 when he wishes when the -- and in the data that we have there were occurrences of
20 repetitive sexual violence against women. So there were these two motivations.

21 Q. Now, I just want to make sure that this point is shown very clearly in today's
22 transcript. Now, the third motivation that you suggested was destabilisation of
23 enemy troops, and did you say "Now, there's a link between the population in a
24 location and the troops"? Could you tell us a bit more about this particular point?

25 A. Yes. The soldiers of the opposing side were Central African natives, citizens.

1 In the strongholds that they occupied, before they fled, they certainly established
2 some links, not necessarily intimate links or ties but after, when they fled from those
3 places, they left behind, as I said earlier, they left behind these women and these
4 young girls, these young women. They left them behind defenceless and they were
5 left behind to endure physical violence and to be raped, and for the soldiers of the
6 other side this was a way destabilising them psychologically and proclaiming a
7 victory over the opposite side.

8 Q. Now, does this apply to the neighbourhoods in Bangui that were the main
9 targets of the rapes?

10 A. Yes. The neighbourhoods in Bangui that underwent the rapes, for the most
11 part, those were the neighbourhoods in the northern part of the capital that, once
12 again, were the former strongholds of the troops of the other side.

13 Q. Now, Doctor, you are giving testimony as an expert. You are not giving
14 testimony about the events themselves. You told us that you were not present but,
15 all the same, you are aware of what happened. Just to ensure that your testimony is
16 clear, could you be a bit more specific. When you say "the other side" or "the
17 opposing troops," who are you speaking of exactly?

18 A. There were two groups of troops. There were the rebels and then there were
19 the people who were referred to as the Banyamulengue, the Congolese soldiers, who
20 had come to provide assistance. So, you see, on the one side there were the rebels,
21 who were withdrawing from the areas, and then on the other side the
22 Banyamulengue were moving forward.

23 Q. Now, when you say that the territory had been occupied first by the enemy
24 troops, were you speaking about the rebels, or the Banyamulengue?

25 A. The rebels had occupied initially the northern neighbourhoods of Bangui before

1 they withdrew, so each time the rebels would fall back the Banyamulengue would
2 occupy the former strongholds.

3 Q. Who was leading these rebel troops? Who was the leader?

4 A. Well, personally I don't know who the leader was. I wasn't in the -- right there
5 and I was not a soldier either, so I couldn't know, but what I do know is that these
6 troops were Congolese troops who had come to help the government that was in
7 place at the time to drive the rebels away.

8 Q. I beg your pardon; my question wasn't clear enough. Who was in power?
9 Who was forming the government in 2002/2003?

10 A. The late -- you see, the gentleman has now died. The late President Patassé.
11 He was the one who was in power at that time.

12 Q. Who was leading the rebellion against the government of President Patassé?

13 A. General Bozizé, who is now the President of the Central African Republic.

14 Q. And despite the answer you gave earlier, I'll ask you this question: To your
15 knowledge, who was leading the Congolese troops belonging to the MLC referred to
16 as the Banyamulengue?

17 PRESIDING JUDGE STEINER: Mr -- Dr Tabo, one minute, please. Mr Haynes.

18 MR HAYNES: I think we better establish the basis of his knowledge for his answer
19 to this question, given that he wasn't living in the country at the time and didn't
20 return until 2005 and is here to give expert evidence as a psychiatrist.

21 PRESIDING JUDGE STEINER: In any case the Defence will have the opportunity to
22 check the basis of the witness's knowledge when the Defence has opportunity to
23 question the witness, but maybe Maître Badibanga could advance this issue and every
24 time that the witness refers to his knowledge in relation to the conflict to ask the
25 witness about the source of his knowledge. It would make it clear.

1 MR BADIBANGA: (Interpretation) I thank you, your Honour; that was my intent.
2 I just wanted the witness to provide us with the names of the three main players, so to
3 speak, and I will put my question once again.

4 Q. To your knowledge, Professor, who was the leader of the Congolese troops who
5 were referred to as the Banyamulengue?

6 A. The information that everyone is familiar with is that Mr Jean-Pierre Bemba was
7 the leader of the Banyamulengue who had come to the Central African Republic.

8 Q. Now, we've understood quite clearly from your testimony yesterday that you
9 returned to the Central African Republic only in the year 2005. Could you tell us
10 what is the source or the basis of your information; the information that you have just
11 provided us with?

12 A. Well, first of all the media, and furthermore, the information that was provided
13 to us by the victims when we had the clinical -- when we saw them in a clinical
14 setting.

15 Q. If I could go back to the thread of our discussion, a few moments ago we were
16 talking about punishment, and in your report you mentioned that 42 per cent of the
17 rapes were committed in the presence of family members and you answered that
18 question. Now, this concept of punishment, punishment of women, of family
19 members, does this also apply to the rape of the men, or was there a different
20 phenomenon behind the rape of the men in the armed conflict?

21 A. Yes, honestly, we have very little information or documentation in our studies
22 regarding the rape of men. However, it clearly appears that raping a man in the
23 time of a conflict is humiliating him. It is first and foremost the need to humiliate
24 that trumps the other considerations. Humiliating a man also means that you have
25 humiliated his family and the people close to him, so there's also that concept of

1 punishment associated with the rape of men.

2 Q. In the course of your clinical work and during the various missions that you
3 took part in and you told us about, did you ever have an opportunity to meet with
4 men who had been raped, or who had been the victims of sexual violence?

5 A. In my clinical practice, I met with no man who had been raped. However, I do
6 remember that in Bossangoa in August 2006, a man came and reported that he had
7 been raped, and when we went through the questionnaire to identify the situation, we
8 thought that this man could not be eligible for the contribution in light of the
9 identifying information that we had. However - however - unverified information
10 does speak of the rape of men in the Central African Republic during that period of
11 time.

12 Q. Now, unless this relates to a matter of medical confidentiality that cannot be
13 shared, but if otherwise could you tell us why this man was not eligible?

14 A. This man was not eligible because in the description of the circumstances of his
15 rape there were some things that didn't add up right, and that inconsistency was seen
16 and the team decided that he was not eligible.

17 Q. Now, ever since the time you've come back to the Central African Republic, you
18 have been working in this area since the year 2006, up until now, in general terms.
19 Why did you not have an opportunity to speak to men who had been the victims of
20 sexual violence?

21 A. The first difficulty is the fear of being stigmatised, to my mind. A man who
22 allegedly has been raped does not necessarily have the courage to come forward and
23 speak, particularly since he is afraid that this information may become known to
24 others.

25 The second difficulty is that usually it's generally recognised that at that time in 2002

1 and 2003, for the most part, women had been raped and some of them, the
2 courageous ones, were able to speak about what had happened.

3 The third difficulty is that in this situation men ask for very little assistance, at least
4 from a medical point of view. They try to live with this trauma by doing something
5 else, rather than confiding in a psychiatrist or a psychologist, so this might explain
6 why men did not come to see me.

7 Q. Now, Doctor, according to what the victims told you, what happened when a
8 person tried to resist when a relative was being raped, or a spouse was being raped?

9 A. There was violence. There was first the physical violence, blows, injuries, but
10 in some cases there were even cases of murder. Husbands were killed during or
11 shortly after the rape of their wife.

12 Q. We will come back to this particular issue somewhat later. Right now I'd like
13 to ask you some questions about the medical assistance that some of the victims were
14 able to obtain. Now, you have said that since the year 2008 you have been
15 monitoring a number of victims, doing follow-up. I understand that, since you are
16 the head of the department, you are the person who coordinates the therapeutic or
17 psychiatric care and treatment that is done at the hospital; is that correct?

18 A. Yes, as the head of the department I coordinate the care and treatment provided
19 to patients, or the people who come and ask for care from the unit, and as such I have
20 a staff relatively qualified to provide the care and treatment: A psychologist and a
21 doctor and two nurses who specialise in psychiatric nursing.

22 Q. Now, since you are the only psychiatrist in the Central African Republic, I
23 suppose that you must be familiar with each particular file at the hospital; is that
24 correct?

25 A. Yes, given that the department's activities are divided into visits, consultations,

1 and then the pooling of the information in the files; that is to say every Thursday
2 morning we spend that morning reviewing the files and the cases of the people that
3 we saw, as well as the people who have been hospitalised. So at that particular point
4 we share the information, the team shares the information that comes from the
5 records; the records for the patients who come for consultation and then also the
6 patients who have been hospitalised.

7 Q. Have you taken stock of the number of victims you have seen as part of your
8 hospital practice?

9 A. Yes, in 2008 we saw 371 women who had been the victims of sexual violence
10 just in the town of Bangui. The provincial victims did not have access to this
11 follow-up, given the distance and the access.

12 Q. This figure of 371 victims - female victims - in comparison with the figure of 512
13 that you provided in your report?

14 A. The 371 people who were seen and are being followed represent a part of the
15 number of victims of sexual violence in Bangui. According to the data gathered,
16 which is reliable, there was a total of 408 victims. Of that number, 371 -- according to
17 the criteria that we set with them, only 371 were seen in 2008.

18 Q. Now, the follow-up of these victims, did this come to an end in 2008 or 2009?

19 A. No, the follow-up did not end. At the current time, we have about 100 people
20 who continue receiving care and treatment within our unit. Many others, for
21 various reasons, are no longer being seen by us. However, we do think that the
22 follow-up did achieve satisfactory results for some people who thought that they
23 could stop receiving care and treatment, but as of the current time the follow-up
24 continues, but with a much smaller number of people.

25 Q. Now, according to what the victims told you, the victims that you've spoken

1 with, and also according to the data gathered by the teams that came before you, who
2 was responsible for the violence against these women?

3 A. Judging from our conversations and the reports from the missions that preceded
4 our work, and the interviews that we had with the victims, there's only one word that
5 would come back repeatedly. The perpetrators were the Banyamulengue.

6 Q. Taking the larger number you took, the 512 victims, were these all victims from
7 Bangui, or were they also from the provinces?

8 A. The 512 victims were all from Bangui, given that the first mission in 2003 was
9 unable to go into the regions given the security problems in the province. So the 512
10 victims were all from Bangui.

11 Q. You may have noticed that I like making quick calculations. Now, you have
12 referred to 512 victims in Bangui. Yesterday we spoke of 279 victims in the
13 provinces. Now, your Honour, for reference, this is in transcript 99 from yesterday
14 and in the French version it's page 48 of the transcript, lines 13 to 17, and in the
15 English version page 50, lines 1 to 6. Also I do apologise, yes, I am meant to be going
16 more slowly for the interpretation, because I am giving references. So I was saying
17 we have two references in yesterday's transcript. In the French version page 48, lines
18 13 to 17, and in the English version page 50, lines 1 to 6. This is the edited version in
19 both instances. And also on page 43, lines 19 to 27 for the French version, and in the
20 English version page 44, lines 23 to 25.

21 I was saying, Doctor, that my calculation of 512 plus 279 gives a total of 871 victims in
22 Bangui, and the prefectures outside of Bangui. Now, can we say that this number to
23 your knowledge represents all of the victims of sexual violence in the Central African
24 Republic during the armed conflict that took place in 2002 and 2003?

25 A. This figure is lower than the actual number of victims for two reasons: The

1 first reason is that several other victims were unwilling to come forward. The
2 second reason, I believe, is that some victims felt that it was not necessary to come
3 forward. So there was the unwillingness, the refusal to do so and also the
4 apprehension of what was necessary to help them and this led several other victims to
5 not come forward to make themselves known.

6 Q. In producing the report that you submitted to the Court, did you take into
7 account all the files; all the cases?

8 A. The cases that we have are the cases of the 371 victims that we cared for in
9 medical terms. The 512 cases, which represent the total, are drawn from the first
10 report of the multi-disciplinary team in 2003.

11 MR BADIBANGA: (Interpretation) At this stage, we will look at one of the tables
12 you have presented. Your Honour, with your permission, could we please display
13 table number 1 which is in Dr Tabo's report. In the French version it's on page
14 CAR-OTP-0065-0025, entitled "Breakdown of victims according to age, parity and
15 marital status."

16 Q. Professor, we are going to display the table on the screen so that you can make
17 comments and I will take the opportunity to remind you that if you feel tired from
18 looking at the screen because we are going to ask for several documents to be
19 displayed, please tell us. We can either provide you with a hard copy, or if you are
20 tired we can ask the Presiding Judge to suspend the hearing. Can you see the table
21 on the screen? Professor, I would like you to simply explain the table. Now, I
22 understand that it shows the breakdown of victims based on various criteria, as the
23 title suggests, but I would like you to succinctly explain to the Chamber. Now,
24 there's no need to go into the detail for every single line, but to give an overall picture
25 in order to help us to understand and make use of the information therein?

1 A. Yes, it provides three main pieces of information. First of all, the age.
2 Women who were raped were -- the largest number were aged below 30, were
3 younger than 30. That's the first piece of information, and often at that age the
4 women are attractive. The second piece of information is -- concerns the number of
5 births of children. There again, the women who were raped were -- had had three to
6 six births. The third piece of information arising from the table is the high number of
7 married women who were subjected to sexual violence.

8 Q. You said that the largest category in terms of age was women under 30. Now,
9 the first line shows equal or less than 10 and I see that there are three. What does
10 that mean?

11 A. There were minors who were raped; minors aged under ten who were raped.
12 Three persons.

13 Q. I also see on the last line for the age bracket criterion which shows equal or
14 above 50 and that we have 78 instances which accounts for 15.2 per cent. Now,
15 linking that up to the previous line, 40 to 49 years, this provides a total of 27 per cent.
16 So you are saying that 27 per cent of women in the sampling, there are 27 per cent of
17 the women who were over 40; is that right?

18 A. Yes, that's correct. That's correct, because I can even make a comment on the
19 table. There are women aged over 60 who were raped.

20 PRESIDING JUDGE STEINER: Sorry to interrupt you. Judge Aluoch would like to
21 put a follow-up question.

22 JUDGE ALUOCH: My follow-up question is on page 20 of the transcript, the current
23 transcript, from page -- from line 4 where you posed the question -- Mr Badibanga,
24 you posed the question, "Now, can we say that this number to your knowledge
25 represents all the victims of sexual violence in the Central African Republic during

1 the armed conflict that took place in 2002 and 2003?" Then Professor started
2 answering, "This figure is lower than the actual number of victims for two reasons."
3 I have considered the two reasons he has given, then I went back to his report.
4 Again, at the English translation, CAR-OTP-0065-0048, the same page that I referred
5 to before, "Remarks on the data" and this is what the report says at that page, because
6 the Professor's explanation this morning refers to several other victims who were
7 unwilling to come forward, that is what he explained this morning, but his report
8 says, that first paragraph under "Remarks on the data," "In addition the fear of
9 stigmatisation prevented a number of victims from taking up the support offered."
10 My follow-up question to Professor is: Was anything done to encourage these
11 victims to come forward, or you only -- your team only dealt or handled the victims
12 that came forward, because you seem to have been aware that there was -- that fear of
13 stigmatisation prevented some victims from coming forward? Thank you.
14 THE WITNESS: (Interpretation) Thank you, your Honour. What was done so the
15 victims could be taken care of, I must confess that I'm not aware of what happened
16 because I wasn't there at first. In 2003, I was not there. Nevertheless, there
17 appeared to have been information sessions, awareness sessions, so that people
18 should step forward regarding this phenomenon. As I was saying yesterday, given
19 that I only looked after victims who expressed the need for care, I was unable to say
20 specifically what prevented other victims from stepping forward to come for
21 treatment.
22 JUDGE ALUOCH: Thank you for your explanation.
23 MR BADIBANGA: (Interpretation) Thank you, your Honour.
24 Q. Professor, what conclusions do you draw from the fact that the major part of the
25 victims were aged under 30?

1 A. The conclusion I drew from this information was that young women aged
2 under 30 are attractive and often have no stable emotional link and, even if they had a
3 husband, the husband also had to flee to be -- for security reasons. So in many
4 instances these were highly vulnerable women who were attractive and these are the
5 ones who were, for the most part, raped during the armed conflict.

6 Q. Earlier you spoke of three reasons for sexual violence as an instrument of war.
7 I could even refer to four instruments if I refer to what Judge Aluoch was saying. To
8 which of the four reasons do you ascribe the fact that most of the women raped were
9 aged under 30?

10 A. It's first of all -- it's the first reason, they were war booty, plunder, and I should
11 add the second reason was punishment.

12 Q. I'll use these reasons as a matrix to interpret the information. Do they also
13 account for the 0.6 per cent of victims aged under ten and also the 27 per cent of
14 victims aged over 40?

15 A. I think that if these reasons provide a reason -- they provide a partial
16 explanation for the two extremities of the age spectrum. I think that at the time the
17 fact that the soldiers were out of control and that they were able to do whatever they
18 wanted, the fact that they raped young persons aged under ten and old women aged
19 50 to 60 could be accounted for through other reasons than one -- than the four
20 reasons that we have discussed, but I think that the most plausible reason was the
21 sexual release of these soldiers in relation to the two extremities of the age groups.

22 Q. Regarding the second category, parity, you have said this was the number of
23 children. Now, is this the number of children that the women had through their
24 normal -- in the course of their normal family life, or were these the children they had
25 as a consequence of the rape to which they had been subjected?

1 A. We took into account the parity of the women who were raped to indicate the
2 number of children they had before they were raped, which has an impact on what
3 might happen afterwards, because a woman who was raped, when the rape -- when
4 the rape becomes known, then this has an impact on the children at school and in the
5 area, the local area, the woman is stigmatised and therefore her children were also
6 stigmatised.

7 Q. And, finally, what is the importance or the usefulness of the last criterion -- of
8 the last criterion, marital status?

9 A. The usefulness of the marital status criterion is the fact that some married
10 women whose spouse knew about the rape were rejected.

11 Q. So are we to understand that this is the marital status at the time the rape was
12 committed and not after; in other words, when you were consulted?

13 A. Yes, the matrimonial status -- the marital status which appears in the table is the
14 marital status at the time of the rape.

15 Q. Professor, since you have just stated that the marital status - spouse or not, or
16 mother or not - has consequences, could you explain to us, explain to the Chamber,
17 the consequences of the rape and the sexual violence on the victims and in particular
18 shed light on their family, based on your own observations?

19 A. The impact came in several forms. First of all there was the personal impact,
20 whereby the woman who was raped was stigmatised and marginalised. There was
21 also the impact on children, who bear stigma, who are taunted in the -- at school and
22 in their own area, but there's also the impact on the families because the man, the
23 spouse, the husband, was shown up as a well-known individual; in other words, the
24 husband of the woman who was raped. So the stigma impacts the three components
25 of the family.

1 Another impact - and it's a very significant one and it was indicated by some of my
2 patients - it's the break-up of the couple. Some women were quite simply rejected by
3 their spouse after they found out about the rape.

4 Q. Now, please forgive me for asking this question if you feel it is unjustified.
5 Could we not say that since this was widespread rape known -- and everybody knew
6 that there was widespread rape, that being a victim was no longer something that was
7 shameful; that one could say that one was a victim?

8 A. It's difficult to reason on that basis, and this is why the psychological suffering
9 was such that it prevents the victims from thinking in this manner, and the
10 psychological suffering was so great that I was told on several occasions by the
11 victims - and this is when I had the idea of publishing the results of the medical work
12 that I'd conducted over the course of a year - it was the victims themselves who
13 provided me with the title of my article, which is in French "Ces maux sans mots,"
14 because several victims had stated that they no longer had the words - in French
15 "mots" - to express their psychological suffering.

16 MR BADIBANGA: (Interpretation) Your Honour, I will continue on this point, but
17 I no longer need the table so we can withdraw it from the screen.

18 Q. What you are saying here, Professor, and what you've mentioned on several
19 occasions since yesterday - and we haven't yet dwelt on this - is the stigma, and in
20 listening to you I feel that this stigma really weighs very heavily on the Central
21 African victims and their families. Could you elaborate on this?

22 A. Stigma is the -- that somebody is taunted, that somebody is talked about, with
23 the goal of casting the person aside, of rejecting him from the normal social structure.
24 Stigma, the fact of stigmatising a victim, is bringing the victims to a situation where
25 they are pushed aside from the society because they are considered to have become

1 tainted because they have been raped by strangers - men - and this is tantamount to a
2 form of adultery and this is what led some spouses to reject some of the victims,
3 because everybody knew that the woman, though she was compelled to do so, had
4 slept with somebody else and she cannot be like a normal woman. The woman can
5 no longer participate in the normal functioning of society and of the family unit.

6 Q. In saying those last words, do you mean that for ordinary citizens, whatever the
7 circumstance of the rape, there is always some notion of guilt of the victim, of
8 presumed consent, that somehow she agreed to this? Is this what you mean by
9 speaking of a form of adultery?

10 A. In a way, yes, because even in the clinical work that we conducted with the
11 victims, this feeling of shame and guilt is indeed a major component in what the
12 victims say about themselves. The victim feels guilty. One of them said to me, "I
13 shouldn't have been beautiful at that time," so this is a feeling of guilt vis-à-vis herself
14 and vis-à-vis her spouse; or else, "I shouldn't at this point in time have gone to
15 such-and-such a place." So there is this feeling of guilt and of shame that prevails
16 among victims.

17 Q. So we have understood that you regularly met up with the women victims
18 during consultations. Did you have any opportunity to speak to members of their
19 entourage, their spouses or other people, or their children, who were aware of the
20 rape?

21 A. Yes, in some cases we were able to organise what we called in our jargon as "the
22 family interview," bringing -- well, it's a meeting or a series of meetings that bring
23 together the victim, her spouse, her parents and her children, if there are any. And
24 during those meetings we start out with the statements made by the patient as
25 regards how she operates on a daily basis in her family, and we try and get the family

1 to understand that what happened was an accident and that the only guilty party was
2 the rapist.

3 Q. So every time you talk about the impact on children or on spouses, is the
4 information you are giving us derived from this type of interview?

5 A. Yes, that was -- that is said by the victim, by the patient, during an interview
6 and this is taken up again when there is the family meeting; the family interview that
7 we were able to organise, not for all patients, but for some of them.

8 MR BADIBANGA: (Interpretation) On page 9 of your report there is a table called
9 "Impact of the rape." If your Honour will allow me, I would like to have this
10 document, the French version, on the screen, the reference for which is
11 CAR-OTP-0065-0031. The English version, the reference is CAR-OTP-0065-0051. In
12 English it's called "Impacts of Rape"; in French, "Impact du Viol".

13 THE COURT OFFICER: Madam President, the document is available on your
14 screens and on the witness's screen. Thank you.

15 MR BADIBANGA: (Interpretation)

16 Q. Professor, this table recaps as impacts of rape four major points that you have
17 put in bold letters. They are medical consequences, psychological impact,
18 psychiatric impact, and something that we cannot see on the screen but which will
19 come up, social consequences. We shall begin with the upper part of the table, so
20 perhaps the court officer could scroll up a bit again.

21 Very briefly, perhaps you could introduce this table and then we shall go into some
22 details and develop them with you.

23 A. On this table there are four types of impact: The medical impact, first of all, i.e.,
24 what was ascertained following the sexual assault in terms of organs, in terms of the
25 body, visible on the person's body; and the second impact, which is psychological

1 impact, i.e., what the person felt at the time and in the wake of the rape; thirdly, the
2 psychiatric impact, in other words, disorders - psychiatric disorders - that were
3 generated by the rape in the victim; and finally, the social consequences.

4 Q. In view of the fact that your expertise here before the Court relates to psychiatry,
5 we shall dwell a little bit on the last two aspects, but as regards the first aspect,
6 perhaps you could give us a few explanations nonetheless. Could you explain to us
7 what this table means when you talk about HIV seroconversion?

8 A. Yes, when the first team in 2003 examined and met the victims, the clinical tests
9 needed to be carried out, as well as the laboratory tests covering as broad a scope as
10 possible to detect any diseases that might be present. In 81 of the victims it was
11 found that the HIV serology was positive.

12 Q. The HIV serology, does that mean that they had already been infected, or that
13 they were seropositive, as is the term we commonly use?

14 A. Yes, well, the virus was present in the body. Now, whether the contamination
15 took place during the rape or prior to the rape, well, the team raised this issue and
16 answered this question because some of the seropositive, the HIV positive, women,
17 because of their personal history and the history of the seroconversion the link with
18 rape was established.

19 Q. So the HIV seroconversion is in the table listed as a consequence, a medical
20 consequence. Are you saying, in other words, that the 81 people, persons, you are
21 talking about here, were HIV positive as a result of the rape?

22 A. No, because in the article some of these HIV-positive women were eliminated
23 from the context of the rape because there was a test that determined that their status
24 in respect of HIV existed prior to the rape for certain women.

25 Q. Is there any indication of how many women in this sample whose

1 seroconversion or HIV-positive status can be attributed to the rape?

2 A. Yes, I think there are around ten of them. Ten of them became HIV positive
3 when the rape occurred.

4 MR BADIBANGA: (Interpretation) Thank you. Your Honour, as far as I had
5 understood, we had been given two hours and I don't know whether you're going to
6 take the break at 11 or 11.15, and depending on that, I will adjust what I am going to
7 do with the witness.

8 PRESIDING JUDGE STEINER: We are going to have our break at 11 o'clock.

9 Although we had some delays in starting, our interpreters and court reporters were
10 already in their booth, available and waiting for us. So we are going to suspend at
11 11. So if you prefer to continue after the break.

12 MR BADIBANGA: (Interpretation) Yes, indeed. I just wanted to be sure I wasn't
13 making trouble for anybody. So I would suggest that I would go on after the break
14 in that case.

15 PRESIDING JUDGE STEINER: Thank you, Maître Badibanga. May I ask whether
16 the Prosecution has an estimation to the -- for the length of its questioning?

17 MR BADIBANGA: (Interpretation) Your Honour, we will be ending at the next
18 session. We're starting up again at 11.30, but we might go all the way up to 1 p.m.,
19 but in any case we will have finished by the end of that session.

20 PRESIDING JUDGE STEINER: Professor Tabo, we are having now a break.

21 THE WITNESS: (Interpretation) Okay.

22 PRESIDING JUDGE STEINER: You can have a coffee and take some rest. It's
23 11 o'clock. We will resume at 11.30. I ask, please, court usher to accompany the
24 witness.

25 (The witness stands down)

1 PRESIDING JUDGE STEINER: The hearing is suspended.

2 THE COURT OFFICER: All rise.

3 (Recess taken at 10.59 a.m.)

4 (Upon resuming in open session at 11.35 a.m.)

5 THE COURT USHER: All rise. Please be seated.

6 PRESIDING JUDGE STEINER: Welcome back. Could, please, the court usher bring the
7 witness in.

8 (The witness enters the courtroom)

9 PRESIDING JUDGE STEINER: Dr Tabo, welcome back. Are you ready to continue
10 giving your testimony?

11 THE WITNESS: (Interpretation) Yes, your Honour.

12 PRESIDING JUDGE STEINER: Maître Badibanga.

13 MR BADIBANGA: (Interpretation) Thank you, your Honours. When we took our
14 break, on the screen the table CAR-OTP-0065-0051 was displayed in the English version
15 and in the French version the reference is CAR-OTP-0065-0031. Perhaps this could be
16 put up on the screen again.

17 Q. Professor, we had finished with HIV serology. Could you just give us a brief
18 overview of syphilis serology?

19 A. Syphilis is a so-called, or previously called, venereal disease but is now a sexually
20 transmissible disease. Syphilis is caused by bacteria that can be transmitted by the sexual
21 route. In the context of this work, we, together with a team, had carried out a number of
22 specific tests so as to determine that 35 of the victims of sexual violence had -- were
23 positive, whether or not in connection with the rape. In any case, they were positive for
24 syphilis, just as those who were positive for HIV were.

25 Q. Can syphilis easily be treated?

1 A. There are medical means, there are medicines that are effective treatment of syphilis,
2 but these -- this medication is rather expensive in relation to the average income of a
3 Central African woman.

4 Q. And if syphilis is not treated, what are the potential consequences for the patient?

5 A. Syphilis has a lot of impact. In terms of the bodily effects, well, there can be
6 complications in the forms of lesions, but the most serious consequence is what is called
7 general paresis; in other words, syphilis can affect the brain and be the root of very serious
8 problems for the individual.

9 Q. You talked about this very briefly earlier on but I'd like to be sure that the transcript
10 is perfectly clear: Was there a connection established between syphilis serology in this
11 case and the rapes that the victims had undergone?

12 A. In some cases, yes, but in others, this connection was not established with certainty.

13 Q. Do you have any idea of the number of cases for which this connection was
14 established?

15 A. I don't have the article before me here, but what I do know is that the number was
16 less than ten. Less than ten of the cases of syphilis were connected with the rape.

17 Q. Finally, as regards medical consequences, we see in the table "unwanted
18 pregnancies," the figure is four. Were these unwanted pregnancies that were
19 consequential to the rape?

20 A. Yes. Here, there was a certain link, or connection, between the rape and the four
21 unwanted pregnancies.

22 Q. Your report presents the developments, as it were, relating to those four cases.
23 Could you briefly summarise them for us? What happened to those four persons?

24 A. Well, there were -- in the four cases, things were different. One victim did accept
25 the child as being her own, so took on, shouldered that. There was another one who

1 didn't want to have anything to do with the child she had given birth to, and there was a
2 third one who had an abortion. Actually, she had to do this in hiding, and that meant
3 that there were medical consequences to that abortion. And a fourth, well, we lost track
4 of her. We do not know what the outcome in terms of this unwanted pregnancy was. It
5 was on that basis in fact that a law was approved in 2006 allowing abortion in the case of
6 force majeure, such as incest, or rape. This was a new piece of legislation in the Central
7 African Republic that was published in the official journal.

8 MR BADIBANGA: (Interpretation) The information just quoted are in the report on
9 page CAR-OTP-0065-0027 in the French version, and in the English version it's
10 CAR-OTP-0065-048.

11 Q. Professor, you say that a law was passed. Now, why do you say that that law was
12 passed as a result of those events? What's the connection between passing the law and
13 the events?

14 A. Well, this link was based on the observations and the debate that occurred after the
15 events. The National Assembly decided that they had to protect women who had been
16 raped, and they thought that a woman who had been raped had a right -- a right to obtain
17 an abortion, if she wished to do so, so this legislation officially allows for abortion in the
18 case of women who have been raped.

19 Q. So before the events, abortion was not allowed under Central African Republic
20 legislation; is that correct?

21 A. Voluntary interruption of pregnancy, that is to say abortion, is not allowed -- is still
22 not allowed under our legislation. However, this piece of legislation does provide for
23 specific cases: Women who have been raped, or women who have been the victim of
24 incest.

25 PRESIDING JUDGE STEINER: I am sorry to interrupt you. Judge Aluoch wants a

1 follow-up question.

2 JUDGE ALUOCH: A follow-up question on the subject of this new law that the
3 Professor is just giving evidence on. Professor, passing a law is one thing and
4 operationalising it is another. Were these -- were such women assisted in any way in
5 procuring abortion, those who had been raped? Do you know that; that anything like
6 that happened? Thank you.

7 THE WITNESS: (Interpretation) This legislation was passed in June 2006, three years
8 after the events of 2002/2003, and so the legislation did not really deal with the raped
9 women that we were speaking of. However, in the future it will apply if ever similar
10 cases were to occur.

11 MR BADIBANGA: (Interpretation)

12 Q. In your sample of 371 women, you found a total of four women in this situation.
13 To your knowledge, the number of victims was -- was the number of victims high enough
14 to justify the passage of this legislation?

15 A. The National Assembly thought that these four cases were only a small fraction of
16 the number of victims -- the number of victims who ended up pregnant; ended up having
17 an unwanted pregnancy. Given that the sexual violence that the Central African women
18 had experienced might be a new phenomenon, it was necessary for the National
19 Assembly, which represents the people, is made up of the representatives of the
20 people -- the National Assembly decided to pass legislation on a preventative basis to
21 allow for such a possibility, that is to say the possibility of an abortion, in cases that could
22 be fatal to Central African women.

23 Q. Is this really a complete change of course for Central African Republic society and
24 culture?

25 A. Yes, I do think that this legislation changed the mindset of Central African Republic

1 women. Insofar as now, as of -- well, as of the time that the legislation was proclaimed, a
2 Central African Republic woman, who is the victim of sexual violence or incest, now has
3 the right to go to the obstetric gynaecology service and get an abortion if she wishes to do
4 so.

5 Q. Now, to follow up on the question from Judge Aluoch, have there been any
6 campaigns of awareness -- raising awareness and the like so that women now know that
7 they have this possibility?

8 A. Before the legislation was passed, there was a debate. The debate lasted for several
9 days in the National Assembly, and this debate was broadcast live over the radio. After
10 passage of the legislation, one particular unit within the health system handled the public
11 awareness; that is to say, it was the reproductive health unit of the ministry that made the
12 information known.

13 Q. Now, in your chart we see the psychological impact and the psychiatric impact of
14 the rapes. Could you explain the difference between these two, in simple terms?
15 What's the difference between psychological disturbances and psychiatric disturbances?

16 A. Psychological disturbances are disturbances or disorders that hinder the day-to-day
17 functioning of the person, whereas psychiatric disorders are more a matter of pathology,
18 of illness, disease, demonstrated by the victims.

19 Q. With regard to the psychological disorders, now, the percentages that we see in this
20 chart, are they the usual sort of percentages? Do we see the same proportions in a
21 normal social context?

22 A. In actual fact, no. If that were the case, society would be deeply, extremely ill from
23 a psychological point of view. These percentages are most often found amongst people
24 who have suffered psychic trauma.

25 Q. You told us that the psychological disorders tend to hinder with ordinary life. To

1 what extent do these disorders affect the lives that the victims are currently leading?

2 A. Yes. Let me take the first one fear -- fear. These women, 278 women said that
3 they experienced fear. They were afraid to go to the market because they might come
4 up with or come across an armed man and remember the rape that they underwent, or
5 they might be afraid of being pointed at, singled out, stigmatised. Loss of confidence, let
6 us look at that. These women no longer feel like real mothers, or real wives. They have
7 lost confidence in themselves and their status as a mother, or a wife.

8 Finally, washing rituals. Forty-three women spoke of this psychological disturbance, and
9 many of these women find themselves required to develop a certain mechanism. They
10 have developed a mechanism. They feel that they must wash themselves several times
11 per day so -- how shall I put this? So that they can wash themselves of the filth that they
12 feel they have, so this impedes the daily ordinary functioning of a woman.

13 Q. Could you explain to us once again what washing rituals are?

14 A. Well, these washing rituals are developed psychologically by a woman who
15 continues to think that she is dirty, and so she washes herself several times and that keeps
16 her -- this allows her to believe that she is no longer dirty.

17 Q. Before we move on to the next point, could you please speak to us a little bit more
18 about anger and aggression. In your area of expertise, is this a phenomenon that
19 interferes with one's interactions with others? To what point has -- what sort of anger
20 and aggression did you see amongst the victims?

21 A. The victims told us that, because they would cast their minds back to what they
22 experienced, they had become very much full of anger. For example, a child might cry
23 and they would get angry, or if their husband made a remark, really a very trivial remark,
24 they would get angry and, what's more, this anger would be directed against their
25 assailants; that is, it is already known that they came, they raped them, they left, they will

1 never come back again. However, this anger continues. They say to themselves, "If I
2 could see this person before me again, if I could take vengeance."

3 MR BADIBANGA: (Interpretation) If the courtroom officer would be so kind as to
4 scroll down, or rather scroll -- scroll down so we can see the last two headings.

5 Q. Now, Professor, you listed a number of psychiatric disorders. What is meant by
6 post-traumatic stress and how is this disorder seen in an individual?

7 A. Post-traumatic stress is a state that one sees after a person has gone through
8 something very serious, the person herself, or if she was a witness to something. This
9 state, post-traumatic stress, is seen by the fear that the person has and also the person
10 replays the traumatic scene through his or her mind again. This is also called having a
11 flash-back. That is sort of the general things we see when a person suffers from this
12 post-traumatic stress disorder.

13 Q. What symptom of post-traumatic stress disorder did you see after conducting a
14 clinical examination of the victims?

15 A. Above all, what we saw was the memories, the re-experiencing, the remembering
16 the scene of the sexual violence. That is the syndrome that the victims have described,
17 that described to us when we had clinical interviews with them, and this stage, well, the
18 person experiences and re-experiences the traumatic event as if viewing a film and often
19 what happens is that the person describes very well and sometimes the person will say,
20 "I'm reliving the scene and all around me, things are going on without my knowing it,"
21 and when you call upon the person, or ask the person what is going on, the person will
22 say, "Oh, I was thinking of something else," but in actual fact the person was
23 re-experiencing the rape.

24 Q. When we look at this chart, that 100 per cent of the people experienced
25 post-traumatic stress disorders, is that normal?

1 A. This result is comparable to a number of previous studies conducted in other
2 countries. In the case of catastrophies or serious trauma, widespread sexual violence,
3 often one sees something like between 60 and 80 per cent of the people experience this
4 disorder. The problem, in terms of this study, is that the people, when they were asked
5 the question, they described their -- the state they were in in the days or weeks following
6 the rape, and so they all reported this post-traumatic stress, and that is why our findings
7 were 100 per cent, but that is within the range of the studies, of previous studies.

8 Q. Doctor, is it possible to refer to this disorder in other terms?

9 A. Yes. Particularly since this state of post-traumatic stress can be complicated by
10 other psychiatric disorders, and this is what we saw amongst our patients. Thirty-seven
11 per cent went through a reactionary depression; that is to say they went through a
12 depression after the rape. Eight experienced melancholy; that is to say a more serious
13 form of depression, more serious than a reactive depression. Eighteen per cent began
14 drinking excessively or took drugs, misused drugs, so as to fight the psychiatric disorder;
15 that is to say the anxiety, the flashbacks that I was mentioning earlier, so that they could
16 escape, so to speak, the psychological trauma that they were enduring.

17 Q. To what extent to these disorders affect the lives that these victims are currently
18 leading?

19 A. These disorders have had a negative impact on the day-to-day life of these victims in
20 personal terms, in terms of their families and also in terms of society. Obviously, a
21 woman who didn't touch alcohol and now has to drink alcohol to overcome her fear, her
22 anxiety, of course this has an impact on her personal life, her family life and society. A
23 woman who is depressed, who has to take medication every day, that has an impact on
24 her personal life and her family life and her social life. A woman who complains about
25 everything, who has various pains that are inexplicable, has to work less, and that has an

1 impact on her personal life, her social life and her family life.

2 Q. And what might become of such a woman who needs to take medications to fight
3 depression and who doesn't have the resources to pay for these medications and who
4 can't follow treatment?

5 A. * Fortunately, we have not recorded any cases of suicide in our sample but we do
6 think -- we do think, in all honesty, that the women who did not come back to see us again,
7 we don't know what has become of them. Either they are at home and are doing nothing,
8 having lost considerable status within society, or perhaps they let themselves die in some
9 other way, and we don't have any reliable data to make such a statement but we do think
10 that this is a supposition that could be verified by way of a study. We do have the
11 addresses of these women and we could try to determine what has become of them.

12 Q. Now, these assumptions or hypotheses that you have drawn up, are they based on
13 something in particular, your medical experience, other things you've seen elsewhere?

14 A. Well, above all, based on our personal experience, after many years of practising as a
15 psychiatrist, the fate of our patients can be summarised in a number of ways: Either the
16 patient kills himself, or herself, if the case is particularly bad; either the patient gives up
17 and stays at home with his or her disorders, or the person, the patient, no longer agrees to
18 keep on living and falls silent within his or her suffering. That is the personal experience
19 that allows me to mention these various assumptions that could be verified in the future.

20 Q. Professor, tell us about the care and the treatment that was provided to the patients
21 in the specialised hospital setting.

22 A. The women had expressed a need for care and treatment, and this care and
23 treatment consisted of psychological interviews with the psychologist on duty and myself,
24 and in the case of people who required medication, the physician -- my assistant and I, we
25 are both physicians, we would follow the patient medically and prescribed medications.

1 Unfortunately, the patients have to pay for the medications because there are -- there is no
2 funding to help the patients with the cost of medications.

3 Q. A bit earlier this morning you talked a little bit about stigmatisation. I really won't
4 dwell on this point too much unless there's one particular additional item of information
5 you'd like to bring to the Judges' attention. However, I would like you to tell us a bit
6 about the 22 women who were repudiated, or scorned, so to speak, by their husbands?

7 A. As I said this morning, when the husbands, the spouses, were informed either by the
8 woman herself or by a third party, when they were informed of the rape of their spouse,
9 the spouse decided to break off the marital ties because they were of the opinion that the
10 woman who had been raped was no longer worthy of being his spouse. So, they
11 basically broke the bonds of marriage, and in some cases the children were taken away
12 from the mother in some cases.

13 Q. You explained to us earlier that on a few occasions you did speak to the family unit.
14 Now, in some of the cases, were you able to provide some sort of answer that allowed the
15 family unit to be restored, to heal this broken family?

16 A. Only in two cases. Only in two cases were we able -- were we able to get the
17 husband to think about the possibility of re-establishing the marital ties.

18 Q. Do you know if this attempt was successful? Did the families -- did the family get
19 back together?

20 A. Of the two cases, only one, only one -- in only one case was it possible to re-establish
21 the marital ties, but in the time being the man had taken other wives. He became
22 polygamous. He had taken another wife and so his first wife became one of the two
23 wives. So, of these two cases, I think we could say that we had a 50 per cent success rate.

24 MR BADIBANGA: (Interpretation) Your Honour, I no longer require the chart that is on
25 the screen, so it can be taken off the screen now.

1 Q. Professor, I'd like to speak about another chart. I don't need it to be put on the
2 screen, but it's the chart found at page 4 of your report, chart number 2, and if that is a
3 problem for the parties we can have it displayed on the screen, your Honour, but the
4 question is a relatively simple one. Now, in this chart -- and the reference in French is
5 CAR-OTP-0065-0026 and the reference in English is CAR-OTP-0065-0047. Professor, I
6 have a question. At one point you say "number of assaults subjected" and I see one, two,
7 or above that number. Could you -- what do you mean by the "number of assaults"?

8 A. This is the number of times when rape was perpetrated on the same woman.

9 Q. Therefore, if a woman was raped on one day, once during the conflict by one person,
10 this counts as one sexual assault; is that right?

11 A. Yes, that's correct.

12 Q. However, if another woman was raped at the same time by three persons, how do
13 you account for this in the table?

14 A. It's still one instance of sexual assault.

15 Q. I understand, therefore, that when the table states that 93.9 per cent of women were
16 subjected to rape once, this also includes the multiple assaults which you have referred to?
17 To clarify, what I mean by multiple rape is rape committed by several persons?

18 A. The number of rapists is included in the same table, but above -- in the section above.
19 It's the number of times the person was raped, whatever the number of rapists.

20 Q. I don't have any further questions on the table. Perhaps before moving on to my
21 last series of questions, perhaps you have some comments you would like to make on the
22 table we discussed earlier, the table regarding the impact of rape, or regarding this table
23 perhaps there are items that you want to highlight to which I didn't refer? If not, then I
24 shall move on to the next series of questions.

25 A. Looking at both of these tables highlights the degree of psychological suffering

1 which the women who were raped displayed, or still display, after what took place. It
2 shows that many things were done, that much has been done, but that much remains to be
3 done for these women to be able to accept to live with what they have experienced.

4 That's the comment I would like to make for the time being on the basis of the two tables.

5 Q. You said that you had the opportunity of having discussions in some instances with
6 the family members. Did you hear a spouse, or a relative, or a child, who witnessed the
7 rape of the spouse; not only who was informed of this, but who personally witnessed the
8 rape?

9 A. Yes, most instances of family interviews that we had revolved around this issue, the
10 issue of the actual presence of the relative, the child or the spouse during the rape, and
11 especially as in other instances these relatives were murdered. Therefore, the family is
12 comprised of what one could term as survivors of the phenomenon; the victim of the rape
13 and the close relatives who witnessed the rape, but who were -- who were fortunate
14 enough not to be subjected to the same fate as some relatives who were murdered.

15 Q. Regarding these close relatives, the next of kin, you have highlighted the impact of
16 stigmatisation. Now, in particular regarding the children, what to your knowledge are
17 the -- is the psychological and psychiatric impacts of witnessing the rape of their mother?

18 A. There are some instances of children who suffered serious psychic trauma and who
19 developed syndromes and who were taken care of by paediatricians and ourselves.
20 Some children had problems at school, because of what was being said, or what was being
21 done in their area, or in the school. That's what I can say about the children.

22 Now, regarding the spouse, the difficulty is in terms of the loyalty in relation to the
23 marital oath and bearing the stigma from others who no longer call the person as Paul,
24 who is known in the area, but as somebody called Paul but is the husband of a woman
25 who was raped. So there is this difficulty which emerged with some spouses who -- and

1 these difficulties were in some cases overcome by the discussions that we held under the
2 care for victims of sexual assault.

3 Q. Doctor, as an expert, would you say that there is a difference in terms of psychiatric
4 impact, depending on whether the victim was a woman or a man, or should we consider
5 that these symptoms that you encountered among women could also apply to men who
6 were victims of rape?

7 A. Yes, in fact I can say that these -- well, there are other symptoms that could arise
8 among men, because psychologists consider that the woman, even though she belongs to
9 the weaker sex, is psychologically stronger than the man. Therefore, if men were raped,
10 they would have displayed a greater number of syndromes, or symptoms, than the men
11 (sic).

12 Q. And does the fact of not asking for medical or psychological care could be an
13 aggravating factor?

14 A. Yes, definitely, and this could also have far more serious consequences and much
15 faster consequences than for -- the woman I was saying earlier has a greater resilience, has
16 a greater capacity to overcome what she has been through, whereas the man with his
17 "male pride" feels that he doesn't need care, even though he is suffering, and the result
18 may be disastrous or even fatal in social terms.

19 Q. Professor, is there a link between psychological or psychiatric disorder and the
20 inability to remember traumatic events, in particular regarding sexual assault?

21 A. When a person, well, whoever that person may be, has suffered a psychic trauma, it
22 has been shown that the recollection of the trauma is almost a permanent thing.
23 However, if there is proper medical care these recollections may first of all fade away,
24 become less frequent, and this enables the person to live an almost normal life with these
25 memories, but the memories - the residual memories - will remain. They will not go

1 away easily and they will not go away quickly.

2 Q. Now, as part of these recollections, this constant memory, is it possible that the
3 memory could be affected in such a way that the victim would remember the event not in
4 the exact factual manner in which the event took place, but by reconstructing the event by
5 emphasising some aspects rather than others? Is this phenomenon possible, or does the
6 whole recollection of the event remain?

7 A. In actual fact, the recollection remains intact, and this is why in 2006 we
8 removed -- we were able to withdraw some persons who said they were victims because
9 we had set up a sheet with specific questions, and often, when the person wants to bring
10 out items in the recollections which are not connected to the trauma, there is an
11 inconsistency which emerges. Even among persons who are not professionals,
12 inconsistency comes out but the actual memory, the recollection of the trauma, remains
13 intact.

14 Q. The recollection of the traumatic event, you say, remains intact, but does the context
15 in which the event took place remain intact? For example, can a victim remember a
16 traumatic event but no longer remember the exact time or the exact day at which the event
17 took place, and other external circumstances?

18 A. Yes, the -- perhaps not the exact time because the trauma the person has gone
19 through is such that the person does not know whether it was 1 o'clock sharp or 2 o'clock,
20 but more often than not, the person remembers the moment during the day or during the
21 night when the assault was perpetrated.

22 Q. You cared for 371 victims who are all suffering from post-traumatic stress and other
23 disorders. How does the society of the Central African Republic deal with the
24 phenomenon of people who are suffering from these psychiatric disorders or
25 post-traumatic stress?

1 A. Yesterday I said that psychiatry had a very negative image in the Central African
2 Republic. Suffering from psychic illness means that the person suffers social death.
3 When these victims come to see us at the hospital, we set aside the time and the context so
4 that they are not with other persons, so that they are able to come and talk to us about
5 their suffering. The image is so negative that we think, and this -- and I've heard this
6 said to me, that people think that women who have been raped, in fact, wanted to be
7 raped. This is what some people in the Central African Republic say; in other words,
8 that the women got what they wanted, and this negative image is projected on to the
9 victims of sexual violence whom we cared for, and this further accentuates the stigma.

10 Q. In medical terms, Doctor, what are the difficulties encountered by the victims
11 suffering from psychic or psychological disorders who have to, for example, be witnesses
12 at the Court, give testimony to the Court?

13 A. The biggest difficulty is the fact of having to talk about what happened, and often
14 the fear is such that the person pushes back things which are difficult to talk about,
15 especially to several people at once. And, therefore - this is often in a relationship
16 involving two or three people with a therapist - this is where the persons have the clearest
17 recollection of the traumatic events, but in the presence of several persons they find it
18 difficult to remember what occurred because, quite simply, they are pushing back things
19 which are very difficult to talk about.

20 Q. Do psychological and psychic disorders manifest themselves in a visible way for
21 non-professional people?

22 A. Yes, especially psychological disorders which upset the person's normal functioning,
23 these disorders are often visible. First of all, they're visible to close relatives and then to
24 other people who are not relatives.

25 Q. Professor, I am coming to the end of our discussion, and if I may, I would like

1 to -- like to ask you again the questions which were posed in the letter you received.
2 Now, I'm not going to ask you to elaborate because your report has achieved that goal,
3 but quite simply I would like you to answer succinctly each of the questions I'm going to
4 ask which is, as it were, a conclusion of your testimony to the Court; do you agree to this?

5 A. Yes, I do.

6 Q. Professor, the first question which was asked to you was the following: What was
7 the goal and what was the role of the different forms of sexual violence during the
8 conflicts in the Central African Republic in 2002 and 2003? Sexual assault includes
9 torture, degrading treatment, kidnapping and slavery. So the question: What was the
10 goal and the role of the perpetrators of the various forms of sexual violence in the Central
11 African Republic in 2002 and 2003?

12 A. The persons who perpetrated sexual assaults in the Central African Republic during
13 the armed conflict in 2002 and 2003 deliberately raped and committed acts of violence on
14 women in the Central African Republic. Their goal, their goals were -- there were several
15 goals. First of all, these victims were considered by these persons to be war booty.
16 Second, the second goal, raping these women was a way of punishing them for "having
17 supported the rebels." Third reason was to destabilise the rebels who a few days, or a
18 few weeks earlier, occupied these areas and had built up, had established links with these
19 women; and the fourth reason, since they were young men and that they needed sexual
20 release, they had found easy prey to achieve sexual release.

21 Q. Here again I'd ask you to be brief. Overall, what effect did these different forms of
22 sexual violence have on the victims in the Central African Republic at the time of the events?

23 A. The results were manifold. There were the various impacts which we have talked
24 about, on their body, on the proper or the correct or the adequate, or incorrect, day-to-day
25 life and on their mental state, since several of them displayed symptoms of psychic

1 disorder. *And finally, in almost in more than nine out of ten cases which we
2 handled, these women continue to be stigmatised and marginalised by society and some
3 of them, in some instances, the marital links were broken, which means -- which implies
4 losing considerable social status in the case of a woman who until then had been a good
5 mother and a good wife.

6 Q. In answering this question you have already partially answered the last question,
7 which I will pose just in case you wish to give us additional information. Given the
8 impacts, what trace, what impact, how has Central African society perceived these victims
9 as a whole, given the events that took place?

10 A. These victims have spoken about this, and we found this, the victims were cast aside
11 from Central African society and when they are talked about, there is only one word, one
12 name, one expression which arises, which is "the women of the Banyamulengue"; in other
13 words, people who came from outside, who had a sexual relationship with them, and in
14 the collective memory of Central Africa, the Central African Republic, this lives on.

15 Q. Thank you, Professor, for all the explanations you have given. When you drew up
16 your report, unfortunately, you, due to time constraints, you were unable to quote the
17 sources in your report. In testifying since yesterday, you have spoken about three
18 articles which you wrote.

19 These three articles - and I will now turn to the Bench - have already been conveyed to the
20 Defence for the preparation of this hearing, and I would like to establish with you,
21 Professor, whether these articles are relevant and perhaps whether they should be added
22 to the list of documents which you are submitting to this Court?

23 A. These three articles are scientific publications, which are available to the general
24 public, and personally I have no objection whatsoever to the parties having access to these
25 publications.

1 MR BADIBANGA: (Interpretation) Your Honour, if I may, I would like to give the
2 references for these three articles. If the Bench - if the Chamber - agrees then we could
3 give them an EVD-T reference as evidence used for the expert's report and, as I was
4 saying, these articles have been conveyed to the Defence team since 8 March 2011. The
5 article "Ces maux sans mots," which Dr Tabo has referred to on several occasions, the
6 reference is CAR-OTP-0065-0173. The second article is entitled "What are the sanitary
7 problems raised by sexual violence against women during armed conflicts?" The
8 reference here is CAR-OTP-0065-0178. Finally the third article, which bears the title "A
9 socio-anthropological approach to the factors involved in maintaining sexual violence in
10 sub-Saharan Africa," the reference here is CAR-OTP-0065-0160.

11 Your Honour, these three articles, as I already said, have been handed over to the other
12 side and we have looked at them. However, I did note that yesterday the witness talked
13 about another report that he drafted on behalf of the WHO and that he offered to hand
14 over to the Chamber, if it so wished. We are not acquainted with this report.

15 Q. So I would like to ask Professor Tabo whether this report, as far as you know, is in
16 any way relevant to this case and to the testimony that you have given here before us?

17 A. This report is, as it were, my entry point to actual treatment and care for victims of
18 sexual violence for me personally and, because this was my entry point into the care and
19 treatment of victims of this type of violence, I do believe that the parties by using part of
20 this report -- of course other parts will certainly not be relevant, but in any case if they
21 make use of that part of the report, I think they could get an overall idea of the dimensions
22 of the extent of this phenomenon in the five prefectures I mentioned.

23 MR BADIBANGA: (Interpretation) Your Honour, as I said, we only just learned about
24 the existence of this report. Perhaps to be fully complete with our file it would be
25 desirable for this report to indeed be recorded, but of course that will be for you to decide.

1 PRESIDING JUDGE STEINER: In relation to the three articles mentioned by the
2 Prosecution that were already provided to the Defence, in the view of the Chamber, if the
3 OTP intends to tender these articles into evidence in order for them to have an EVD-T
4 number attributed, OTP is expected to make a request by written submission in that
5 respect.

6 In relation to this report mentioned by our expert, I think it would be -- it would come for
7 the benefit of the Chamber, the Prosecution, the Defence and legal representatives if we
8 could receive a copy of this document, but not as evidence to the case. It will be a
9 non-evidence document and in this respect it would be -- would receive a non-evidence
10 reference number.

11 So it is up to of course the witness to provide, if the witness so wishes, the Prosecutor with
12 a copy of the report, and the Prosecutor will be in charge of providing the Chamber,
13 Defence and legal representatives with a copy of such document; such report.

14 MR BADIBANGA: (Interpretation) Thank you very much for that -- those very clear
15 instructions. Professor Tabo, I have finished with my questions on behalf of the Office of
16 the Prosecution. The other parties no doubt have questions to ask. So, your Honour,
17 thank you very much. We have finished with this witness.

18 PRESIDING JUDGE STEINER: Mr Haynes.

19 MR HAYNES: Your Honour, I might be mistaken, but I noticed that Dr Tabo was almost
20 offering up a document as we were having that discussion and it may well be that he has
21 this fourth or indeed fifth report with him. If he does, and if it can be copied, I would
22 quite like to see it before I start cross-examining him, if that's okay, but I wonder if you
23 could enquire of him whether he does in fact have this document with him, first and
24 foremost? That would be very kind.

25 PRESIDING JUDGE STEINER: Professor, are you in a position to answer to the Defence

Trial Hearing
Witness: CAR-OTP-PPPP-0229

(Open Session)

ICC-01/05-01/08

1 counsel request?

2 THE WITNESS: (Interpretation) Yes, your Honour. I do have the hard copy of the
3 report and I actually also have the electronic version, but in this courtroom right now I
4 have the hard copy and of course later on I can also convey the electronic location of the
5 report.

6 PRESIDING JUDGE STEINER: If you could then be so kind in providing the court usher
7 with the paper copy - the hard copy - you have, and the court usher please would provide
8 Defence and legal representatives with -- and the Chamber with copies of these
9 documents. How many pages are we talking about?

10 THE COURT USHER: Twenty-five.

11 PRESIDING JUDGE STEINER: Twenty-five. We will then start providing the copies.
12 Maybe it will not be ready by the end of today's session, but for sure the Defence will
13 receive in the afternoon in order for the Defence to be able to consult the document.

14 MR HAYNES: Thank you very much, your Honour, and thank you, Dr Tabo.

15 PRESIDING JUDGE STEINER: So now we still have 35 minutes. I think it's -- there is
16 still time enough for legal representatives of victims to question Dr Tabo, if you still feel
17 like, please?

18 THE WITNESS: (Interpretation) Your Honour, if I may have a ten minute break I
19 would be most grateful?

20 PRESIDING JUDGE STEINER: For sure. So let's suspend for ten minutes, and after ten
21 minutes we will have the remaining of the time for legal representatives to -- at least to
22 start their questioning. This session is suspended for ten minutes.

23 (Recess taken at 12.55 p.m.)

24 (Upon resuming in open session at 1.09 p.m.)

25 THE COURT USHER: All rise. Please be seated.

- 1 PRESIDING JUDGE STEINER: Could, please, court usher bring the witness in.
- 2 (The witness enters the courtroom)
- 3 PRESIDING JUDGE STEINER: Professor Tabo, welcome back.
- 4 THE WITNESS: (Interpretation) Thank you.
- 5 PRESIDING JUDGE STEINER: Are you ready to answer to the questioning of legal
6 representatives of victims?
- 7 THE WITNESS: (Interpretation) Yes, your Honour, I'm ready.
- 8 PRESIDING JUDGE STEINER: Maître Zarambaud, you have the floor.
- 9 MR ZARAMBAUD: (Interpretation) Thank you, your Honour. Thank you, your
10 Honours.
- 11 QUESTIONED BY MR ZARAMBAUD: (Interpretation)
- 12 Q. Good morning, sir.
- 13 A. Good morning.
- 14 Q. I'm Maître Zarambaud Assingambi. I am a lawyer at the Bar in the Central African
15 Republic and I am representing the victims before this Chamber, alongside my colleague,
16 Maître Douzima. I have a number of questions I wish to address to you. There are not
17 very many because many of those questions have already been raised by the Office of the
18 Prosecutor and you have already answered them in a most satisfactory manner, in my
19 view. Furthermore, the Chamber has also raised -- well, has also asked me to
20 reformulate, or specify, the relevance of certain questions, and they were in fact amongst
21 the questions that were already raised by the Office of the Prosecutor and that is why I
22 will not bring them up again.
- 23 I did have a series of questions to address to you. The first concerned a term that you
24 used and that was of "armed conflict that abide by standards," and the Chamber has asked
25 me to specify the relevance of this, and I believe there is no need for me to return to this so

1 I will not be asking you any questions about this particular notion of armed conflicts that
2 abide by standards.

3 My second series of questions were based on what you mentioned, CAR-OTP-0065-0023,
4 paragraph 4 and paragraph 5, and this is what you mentioned there: "The violence
5 against those women were essentially sexual and are used as a weapon of war. The
6 civilian populations of the capital, Bangui, and certain cities in the provinces were victims
7 of acts of violence, in particular sexual violence, committed by armed men."

8 Now, that too has been the topic of observations by the Chamber, so I have not deemed it
9 necessary to rephrase that, the questions on this topic. So I will be content with the
10 question as it was raised by the Prosecutor and the answer that you gave to him.

11 That was the question whether is there any definition for sexual violence as a weapon of
12 war, and here again you gave the motivations - the four reasons - of the rapists. You
13 described them, and here again I need not ask you any further questions. My third
14 series - so this is where I will come to now, the third series - relate to the follow passages
15 of your report, bearing the reference CAR-OTP-0065-0024, paragraph 2 and paragraph 3.

16 You spoke of the establishment of an initial team - a multi-disciplinary team - that was
17 going to provide humanitarian assistance to ensure that care and treatment would be
18 provided to the victims, and in August of 2006, with the support of the World Health
19 Organisation, another team - another multi-disciplinary team - was set up that went to
20 visit the various -- travel to the various places affected by the armed conflicts to record the
21 victims of violence and in particular sexual violence. So I would like to ask you,
22 Professor, on what date, or during what period of time if you don't remember the exact
23 date -- on what date, or at what time, was the first team set up?

24 A. The first multi-disciplinary team, whose activities were funded by the United
25 Nations Development Programme in the Central African Republic, was set up in the

1 weeks following the end of the conflict; in the weeks following 15 March 2003.

2 Q. Thank you, Professor. Now, this question stems from the last one. Now, these
3 teams that were set up --

4 A. This multi-disciplinary team was established by the government; in particular, by
5 the Ministry of Social Affairs and the Ministry of Health.

6 Q. Thank you, Professor. My fourth series of questions had to do with part of your
7 report, and the reference is CAR-OTP-0065-0025, paragraph 3, and there you speak of the
8 victims and you say that they were all civilian women and you said that their average age
9 was 32.4 years, with the ages ranging from six to 71. I have two questions on this
10 particular point. My first question is as follows: What were the physical and

11 psychological repercussions for the youngest victims; in particular, those aged six to 15?
12 A. The younger victims, that is to say between six and 15 years of age, were the
13 victims -- who were the victims of these rapes indeed did suffer psychological
14 consequences that were much more serious than the adults because, you see, these are
15 children, people who are in the process of becoming who they are. The person has not
16 yet found his or her identity, so when a person is subject to such an event this affects the
17 person's growth. So these particular victims suffered much more serious psychological
18 repercussions than the adults did. From a physical point of view, several of these
19 teenage girls -- well, all these teenage girls lost their virginity and this too had an impact
20 on their personal life and their future life within society. And, furthermore, finally from
21 a physical point of view there were injuries seen amongst these teenage girls. The first
22 multi-disciplinary team, in particular the gynaecologist, was able to observe the physical
23 injuries.

24 Q. I thank you, Professor. As I was saying a few moments ago, point 4 also includes
25 another question and this question has to do with the consequences for the women who

1 were raped and the consequences on -- for their husbands and the children around them.

2 I won't ask you that question, because the Prosecution has already asked it and you
3 provided an answer that was entirely satisfactory.

4 I'd now like to move on to the fifth series of questions, and these questions have to do
5 with a passage from your report at reference CAR-OTP-0065-0026, the first paragraph.

6 You said that 245 of the female victims had been seen less than one month after the
7 violence, and that 267 had been seen less than three months after the violence.

8 So my question was, in relation to the first point, two things. My first question is: Were
9 these patients seen during a lull? Was this during a period of lull, or did the women
10 brave the violent surroundings and come in to be seen?

11 A. The team did not really look at the specific circumstances of this period of time
12 when these women were seen. In any event, indeed, in light of the time that had gone by,
13 the time during which the team was set up, it was difficult to see all the women at the
14 same time. The women who were lucky enough to be seen did benefit from this early
15 examination, and since these women most likely had ventured out despite the danger and
16 did go to the obstetrics gynaecology unit this was seen as a courageous act, because most
17 likely they feared some kind of illness and that is why they went rather quickly to see a
18 doctor, and often these women were the ones who had the most reliable injuries to
19 describe the consequences of this violence.

20 I thank you, Professor. I did have a second question on this point, point number 5, and
21 the Court asked me to rephrase this question, and I didn't think that this was really
22 necessary because you gave an answer to an earlier question from the Office of the
23 Prosecutor, and this answer is entirely satisfactory to me, insofar as my question was
24 aimed at identifying the perpetrators of the sexual violence, and the question from the
25 OTP was: "Who were the perpetrators of this violence against the women?" And you

1 replied, and I don't think it's necessary for me to reformulate the question, I don't want us
2 to waste any time.

3 I'll also skip over the sixth series of questions and move directly to the seventh series of
4 questions and this makes reference to a passage of your report, and the reference number
5 is CAR-OTP-0065-0032, last paragraph, and you said, "During the time of the conflict in
6 2002/2003, government institutions such as the courts completely broke down and
7 attackers enjoyed total impunity whilst victims were reduced to silence."

8 I'd like to know, according to the victims, in light of the interviews that you had with
9 them, according to these victims, were complaints filed with the courts, and then the
10 courts did not respond in any way; is that what happened?

11 A. Well, the victims reported to us that they could not, at that particular time, bring
12 these matters before the legal system, the justice system. Nothing was operating. Many,
13 correction, very few government institutions were operating. Furthermore, since the
14 attackers at that particular time were all powerful figures, the women really could not
15 find anyone that they could turn to, to speak about what they had suffered, so they found
16 themselves reduced to silence, as I said in my report.

17 Q. I thank you, Professor. And I've almost finished because time is running out.
18 Now, my eighth series of questions has to do with the part of your report that the
19 reference number is CAR-OTP-0065-0033, paragraph 1. Speaking of these rapes and the
20 Central African culture in relation to these rapes you said, well, the culture says that men
21 are superior to women, and the reference is CAR-OTP-0065-0033, paragraph 2, and you
22 said even though under no circumstances can that be deemed to be the cause of the
23 violence this cultural factor did have some influence since it certainly played a role in the
24 psychological development of the actions taken by the perpetrators, and also this was seen
25 in the difficulty that victims had in speaking of the sexual violence they had undergone,

1 thus strengthening the shame and the sense of guilt related to this psychological trauma.
2 Now, you said this in relation to Central African Republic culture, and my question is:
3 Can this explanation also -- does it also hold true for those responsible for rapes in other
4 areas, not in the Central African Republic?

5 A. Yes. I was speaking of the society of the Central African Republic but there really
6 aren't any major cultural differences between the Central African Republic society or
7 culture, rather, and the culture of the assailants, the rapists, in particular those who
8 arrived in Bangui in 2002/2003.

9 I think that in the region the culture is quite unified, really, and we can make that
10 statement that this -- that these acts were mentally worked out in this way by the
11 perpetrators, and this would also be seen amongst people who were not from the Central
12 African Republic.

13 Q. I think I have concluded, your Honour, because the last question had to do with the
14 reason for which some people did not seek care, and I think you have responded to that.
15 We are also a little bit past the time. I thank you, your Honour, for allowing me to
16 address the Court and I thank you, Professor, for answering my questions.

17 A. Thank you, Counsel.

18 PRESIDING JUDGE STEINER: Thank you very much, Maître Zarambaud. Even if we
19 have to adjourn, you would have been entitled to continue your questioning tomorrow, if
20 you so wished but, in any case, for today's hearing it's time for us to adjourn. I would
21 like to thank very much Dr Tabo, to wish that Dr Tabo can take some rest. We will
22 resume tomorrow at 2.30 in the afternoon. I ask please, court usher, to take the witness
23 outside the courtroom.

24 THE WITNESS: (Interpretation) Thank you, your Honour.

25 (The witness stands down)

1 PRESIDING JUDGE STEINER: I want to apologise for, since yesterday, we adjourned
2 the hearing without our thanks to all parties, participants and to our interpreters and
3 court reporters, but today I think we should, I would like to follow the practice of the
4 Chamber to thank very much the Prosecution team, the legal representatives of victims,
5 the Defence team, Mr Jean-Pierre Bemba Gombo, to thank as always our interpreters and
6 court reporters, and to remind the parties that tomorrow our hearing starts at 2.30 in this
7 very same courtroom.

8 The hearing is adjourned.

9 THE COURT OFFICER: All rise.

10 (The hearing ends at 1.35 p.m.)

11 CORRECTION REPORT:

12 The Court Interpretation and Translation Section has made the following correction
13 in the transcript:

14 *Page 34 lines 5 to 8:

15 "A. Fortunately, we have not had recorded any cases of suicide in our sample but
16 we do think -- we do think, in all honesty, that the women who did not come back to
17 see us again, we don't know what has happened of them. Either they are at home
18 and are doing nothing, a burden upon society," is corrected by

19 "A. Fortunately, we have not recorded any cases of suicide in our sample but we
20 do think -- we do think, in all honesty, that the women who did not come back to see
21 us again, we don't know what has become of them. Either they are at home and are
22 doing nothing, having lost considerable status within society,"

23 Page 42 lines 1 to 5:

24 "And finally, in almost nine out of ten cases which we handled, these women continue
25 to be stigmatised and marginalised by society and some of them, in some instances, the

1 marital links were broken, which means -- which implies being cast out from society for a
2 woman who until then had been a good mother and a good wife." Is corrected by
3 "And finally, in almost in more than nine out of ten cases which we handled, these
4 women continue to be stigmatised and marginalised by society and some of them, in some
5 instances, the marital links were broken, which means -- which implies losing
6 considerable social status in the case of a woman who until then had been a good mother
7 and a good wife."
8