

1 Wednesday, 16 July 2025

2 [Open session]

3 [The accused entered the courtroom]

4 --- Upon commencing at 9.01 a.m.

5 PRESIDING JUDGE SMITH: Madam Court Officer, please call the  
6 case.

7 THE COURT OFFICER: Good morning, Your Honours. This is case  
8 KSC-BC-2020-06, The Specialist Prosecutor versus Hashim Thaci,  
9 Kadri Veseli, Rexhep Selimi, and Jakup Krasniqi.

10 PRESIDING JUDGE SMITH: I note for the record that the accused  
11 are all present in court today.

12 Before we begin and bring in the witnesses and commence the  
13 presentation of Victims' Counsel's case, the Panel will first render  
14 the decision pursuant to Rule 130(2) and (3) of Rules of Procedure  
15 and Evidence, as informed in filing F03329 issued on 11 July 2025.

16 By decisions of 15 February 2023 and 1 October 2024, the  
17 Trial Panel ordered the SPO to complete the presentation of its case  
18 by April 15th, 2025. On 27 March 2025, the SPO's final *viva voce*  
19 witness was heard. On April 15th, 2025, with no more witnesses to be  
20 called or other evidentiary material to be presented as a part of its  
21 case, the SPO closed its case. On 12 June 2025, the Defence filed a  
22 joint motion pursuant to Rule 130, with confidential annexes 1 and 2.  
23 The SPO responded to the motion on 7 July 2025.

24 Pursuant to Rule 130(3), having heard the parties and, where  
25 applicable, Victims' Counsel, the Panel may dismiss some or all

1 charges in the indictment by oral decision, if there is no evidence  
2 capable of supporting a conviction beyond a reasonable doubt on the  
3 particular charge in question. The test to be applied is whether  
4 there is evidence, if accepted, upon which a reasonable tribunal of  
5 fact could be satisfied beyond reasonable doubt of the guilt of the  
6 accused on the particular charge in question. The capacity of the  
7 Prosecution witness [sic], if accepted, to sustain a conviction  
8 beyond reasonable doubt by a reasonable trier of fact is the key  
9 concept. Thus, the test is not whether the trier would, in fact,  
10 arrive at a conviction beyond reasonable doubt on the Prosecution  
11 evidence, if accepted, but whether it could.

12 At the close of the Prosecution's case, the Panel may find that  
13 the Prosecution evidence is sufficient to sustain a conviction beyond  
14 reasonable doubt and yet, even if no Defence evidence is subsequently  
15 adduced, proceed to acquit at the end of the trial, if in its own  
16 view of the evidence the Prosecution has not, in fact, proved guilt  
17 beyond a reasonable doubt.

18 It has been the constant jurisprudence of the Kosovo Specialist  
19 Chambers that a Panel seized with a Rule 130 motion need not inquire  
20 into the sufficiency of the evidence in relation to each paragraph of  
21 the indictment, but that the evidence should be examined in relation  
22 to each count of the indictment. This, it has been observed, is  
23 clarified by the reference to the word "charge" in Rule 130(1) and  
24 (3) of the Rules.

25 In the present case, and at this point in time, the Defence is

1 challenging only one particular aspect of the SPO's case and has  
2 asked the Panel to dismiss what it characterises as "charges" only in  
3 respect of the question of two periods of time in which the Defence  
4 says fall outside the scope of the armed conflict alleged by the SPO.

5 It is the SPO's case that a non-international armed conflict  
6 existed in Kosovo from at least March 1998 through September 1999.  
7 The Defence submits that the Prosecution has failed to establish that  
8 an armed conflict existed in Kosovo before the end of May 1998 and  
9 following 20 June 1999. As a result, the Defence asked the Panel to  
10 dismiss the charges in the indictment which relate to war crimes  
11 allegedly committed before the end of May 1998 and following 20 June  
12 1999. The incidents concerned are listed by the Defence in Annex 1  
13 to its motion.

14 In its motion, the Defence makes extensive submissions in  
15 respect of what it says is the authority of the Panel under Rule 130  
16 to dismiss not just counts in their entirety but also parts or  
17 elements thereof, and relies, *inter alia*, on previous interpretations  
18 of Rule 90(2) and (3) by Pre-trial Judges of this Court. The Defence  
19 further submits that the Panel would have the authority, pursuant to  
20 Rule 130, to dismiss alleged war crimes that are said to have been  
21 committed outside the period of time during which it claims an armed  
22 conflict existed.

23 The Prosecution disputes the Defence's submissions and submits  
24 that Rule 130 dictates a count-by-count assessment of the evidence,  
25 that comparison with Rule 90 is inapposite, and that its suggested

1 approach is consistent with the text of Rule 130, its purpose, the  
2 jurisprudence of this Court, and also with the terms of Rule 163(4).

3 As a preliminary matter, the Panel notes that neither the Law  
4 nor the Rules make mention of the notion of "counts" but use the  
5 notion of "charges," although the SPO used the expression "counts" in  
6 the text of its indictment. The Panel further notes that Rule 130  
7 allows the Defence to seek and the Panel to order the dismissal of  
8 any, some, or all of the charges in the indictment where the relevant  
9 threshold has not been met.

10 Regarding the substance of the Defence's challenge, the Panel  
11 notes that the incidents and allegations that occurred in the  
12 bracketed period of time challenged by the Defence are not charges  
13 within the meaning of Rule 130. Instead, they are material facts  
14 pertaining to charges and counts in the indictment. What the Defence  
15 is challenging is therefore not a charge, but a part of a charge in  
16 the form of certain material facts that make up those charges or  
17 counts of the indictment.

18 The Defence submits that there is authority for its  
19 interpretation and points to the case law of International Criminal  
20 Tribunal for the Former Yugoslavia, where, as the Defence says,  
21 charges as opposed to whole counts were dropped by trial chambers.  
22 However, these cases were decided on the basis of the old version of  
23 Rule 98 *bis* of the ICTY Rules of Procedure and Evidence, which was  
24 amended in December 2004 and since then only refers to "counts"  
25 instead of the previously used "charges." The Panel further notes

1 that none of these cases support the Defence contention that the rule  
2 could be used to shorten the timeframe of a charge. These decisions  
3 therefore offer no support for the suggestion that the Panel would be  
4 authorised to dismiss part of a charge based on temporal or other  
5 considerations. Nor has the Panel found any other authority that  
6 would support such an understanding.

7 If accepted, the Defence's interpretation would result in the  
8 fractioning of the case which would require a Panel to decide each  
9 and every material fact challenged by the Defence whether on grounds  
10 of time, geography, or substance. Instead, as noted already,  
11 Rule 130 was intended and has been consistently interpreted as  
12 requiring a review of the evidence pertaining to each count of the  
13 indictment rather than any material facts or allegations that make up  
14 the charges and the counts of the indictment. The Panel notes that a  
15 similar interpretation and understanding applies in respect of  
16 Rule 163(4), which provides further support for the Panel's  
17 interpretation of the terms of Rule 130. The Panel refers in that  
18 respect to the judgment in the Gucati and Haradinaj case, in  
19 particular at paragraphs 981 and 1006 of that judgment.

20 The Panel also notes that each and all of the concerned  
21 incidents are also charged as crimes against humanity, which, unlike  
22 war crimes, are indifferent to the existence of an armed conflict at  
23 the relevant time. Therefore, even if considered on its merit and  
24 successful, the Defence motion would not result in the dismissal of  
25 any of the counts in the indictment. While considerations of the

1 expeditiousness are relevant to this stage of the process, they do  
2 not create an independent legal basis on which the Panel would go  
3 beyond and behind the clear terms of the Rules.

4 Based on the above, the Panel is not satisfied that it has the  
5 authority under Rule 130 to dismiss part of a charge or material  
6 facts that form part of a charge, whether on temporal grounds or on  
7 any other grounds. On that basis, the Panel dismisses the Defence's  
8 Rule 130 motion in its entirety. In light of this, the Panel need  
9 not and will not consider the merits of the Defence's arguments  
10 regarding the question of the beginning and end of a  
11 non-international armed conflict in Kosovo. The question of the  
12 temporal scope of the armed conflict relevant to this case will be  
13 dealt with at the end of this trial when the Panel will decide on the  
14 merits of this case.

15 This concludes the Panel's decision.

16 Next, the Panel will issue an oral order regarding the late  
17 addition to the SPO exhibit list of selected pages of item  
18 SPOE00325698 to 00325769, tendered by the SPO through Witness W04826  
19 and admitted by the Panel in decision F03201/COR.

20 In particular, the Panel notes that, in decision F3201/COR, it  
21 admitted certain pages of item SPOE00325698 to 00325769, which, as a  
22 result of decision F03211, are currently not on the SPO's exhibit  
23 list. Those pages are SPOE00325704 to SPOE0032521, SPOE00325737 to  
24 SPOE0032538, SPOE00325746 to SPOE00325552 -- I'm sorry, it would be  
25 032552, SPOE325755 to SPOE0032556, and SPOE0032579 to SPOE0032564.

1           Having found in decision F03201/COR that those pages are  
2   admissible insofar as they are referenced in W04826's expert report  
3   or are related to documents which are referred therein, and  
4   considering that the request for their addition to the exhibit list  
5   predates their tender through W04826, the Panel is satisfied that the  
6   SPO has demonstrated timely notice and good cause pursuant to  
7   Rule 118(2) for the late addition of such pages to the exhibit list.

8           The Panel therefore authorises the SPO to amend its exhibit list  
9   to include the following pages of items SPOE00325698 to 00325769,  
10   admitted pursuant to decision F03201/COR, with the ERNs that I have  
11   just mentioned a moment ago. The SPO is ordered to submit an amended  
12   exhibit list by Friday, 18 July 2025.

13          This concludes the oral order.

14          The Panel informed the parties previously that they will have an  
15   opportunity to make brief oral submissions regarding the joint  
16   Defence request for exclusion of evidence, which is filing F03328.  
17   Are there any submissions? Does the SPO, first of all, wish to  
18   respond to the application?

19          MS. CLANTON: Yes, Your Honours. If you would prefer for the  
20   Victims' Counsel to go first or we can also lead on this?

21          PRESIDING JUDGE SMITH: I'm sorry. I did skip Victims' Counsel  
22   first. And I will ask that everybody confine your comments to five  
23   minutes.

24          Go ahead, Mr. Laws. Sorry about the mistake.

25          MR. LAWS: No, that's perfectly all right, Your Honour.

1 Your Honour, the Court of Appeal Panel resolved this matter on Monday  
2 in their judgment on the Shala case, and I'm going to need to ask  
3 leave to refer to the confidential version of the appeal judgment  
4 and, therefore, ask to go into private session, please.

5 PRESIDING JUDGE SMITH: Into private session, please,  
6 Madam Court Officer.

7 [Private session]

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4 [Open session]

5 THE COURT OFFICER: Your Honours, we are now in public session.

6 PRESIDING JUDGE SMITH: Thank you.

7 Go ahead, Mr. Dixon.

8 MR. DIXON: Thank you, Your Honours. Our request to exclude  
9 certain parts of the report is set out in our application. It's not  
10 to exclude the entire report and issues of harm generally. It's only  
11 to exclude those portions that deal with the credibility of the  
12 witness concerned. Our simple point is that the Victims' Counsel  
13 can't introduce evidence through an expert regarding credibility.  
14 SPO can, we can, but not the Victims' Counsel because their role is  
15 limited to harm and consequences.

16 So the rest of the report can come in, and we will cross-examine  
17 on that basis. It's just those parts that we've identified in our  
18 motion. That's at footnote 2. It's just those portions that we've  
19 asked to be excluded on the basis that they deal with credibility.  
20 And our submission is based entirely on Your Honours' ruling from  
21 just a week ago, where similar material that the Victims tried to  
22 introduce through a bar table motion that went to credibility, you  
23 said no, that can't be admitted on the basis that it goes to  
24 credibility and you're primarily here to deal with harm.

25 Our submission is that the Appeals Chamber judgment, and I'm

1 referring to the public version here, at paragraph 55 doesn't address  
2 that issue squarely. That matter was never litigated in that case.  
3 Defence counsel never objected. They agreed, in fact, to the report  
4 going in. That was their prerogative for whatever reason. But we  
5 have objected based on Your Honours' prior ruling.

6 And what we are saying is that what the Appeals Chamber has done  
7 is simply address grounds of appeal in which credibility came up.  
8 They never addressed this issue squarely of, in principle, does the  
9 Statute and Rules of this Court, does the Law of this Court allow for  
10 Victims' Counsel to introduce matters of credibility. That is not  
11 stated there.

12 The first sentence simply refers to the subject matter, the  
13 issue generally, and then it goes on to address the points of appeal,  
14 which, as I say, were not litigated regarding this particular issue.

15 So we say the matter hasn't been decided by the Appeals Chamber.  
16 You should follow your own prior decision to be consistent within  
17 this case.

18 Thank you, Your Honours.

19 PRESIDING JUDGE SMITH: Thank you, Mr. Dixon.

20 Anybody else? No? No other comments. All right.

21 MR. LAWS: May I just -- may I rise?

22 PRESIDING JUDGE SMITH: Certainly.

23 MR. LAWS: Your Honour, with great respect to Mr. Dixon,  
24 paragraph 55 does exactly what he has just said it doesn't do. It  
25 deals very specifically with credibility, and it relates to dual

1 status witnesses, and that is the position here. And so we  
2 respectfully disagree that it's not been decided. That is the  
3 decision on this point. Thank you.

4 PRESIDING JUDGE SMITH: Thank you, Mr. Laws.

5 So we'll take a brief recess to deliberate on this issue, and we  
6 will come back and hopefully issue an oral order after that little  
7 break, and then we will proceed with the testimony of VE-01 and 02.

8 So we will be adjourned for a few minutes. Don't go too far  
9 away.

10 --- Break taken at 9.28 a.m.

11 --- On resuming at 9.54 a.m.

12 PRESIDING JUDGE SMITH: The Panel will issue an oral order  
13 regarding the joint Defence request for exclusion of evidence, filing  
14 F03328.

15 On 3 July 2025, the Panel issued a decision on  
16 Victims' Counsel's submission of expert reports and their request to  
17 admit them into evidence. This is filing F03305.

18 In the decision, the Panel found that Ms. Duhne-Prinsen and  
19 Dr. Black qualified as experts within the meaning of Rule 149 and, at  
20 the same time, deferred its decision on the admission of the iMMO  
21 reports prepared for this case, Case 04, and Case 05 until after  
22 Ms. Duhne-Prinsen's and Dr. Black's testimony.

23 On 11 July 2025, the Defence filed a joint request for the  
24 exclusion of evidence concerning portions of the iMMO report prepared  
25 for proceedings in Case 04 pertaining to a witness's testimony. The

1 Defence argues, in paragraphs 6 to 8 of the request, that this  
2 evidence is inadmissible as it is relevant to the issue of witness  
3 credibility and, as such, is beyond the remit and powers of the  
4 Victims' Counsel and the expertise of the authors of the report.

5 The Defence requests that the Panel, number one, exclude from  
6 the Case 04 iMMO report portions of evidence pertaining to the  
7 testimony of a witness in prior proceedings; two, orders that no  
8 party may elicit evidence concerning the relevant portions of the  
9 iMMO Case 04 report during live evidence; and, three, orders an  
10 expedited briefing schedule on this request, or alternatively allow  
11 the Defence to submit oral evidence prior to the beginning of the  
12 testimony of Ms. Duhne-Prinsen and Dr. Black.

13 Victims' Counsel submits that, as recently confirmed by the  
14 Court of Appeals Panel's judgment in Case 04, Victims' Counsel has an  
15 interest and standing to address issues of witness credibility.

16 The SPO submits that the portions of report that are objected to  
17 by the Defence do, in fact, relate to the harm suffered by the  
18 victim. The SPO adds that experts conducted their forensic medical  
19 evaluation, and they found certain symptoms and consequences which  
20 are issues that Victims' Counsel is permitted to present evidence on.

21 Counsel for Mr. Kadri Veseli submits that Victims' Counsel  
22 cannot introduce evidence through an expert regarding credibility.  
23 According to the Veseli Defence, it is the SPO's or the Defence's  
24 role but not Victims' Counsel role because their role is limited to  
25 harm and consequences.

1           Having heard the arguments from the parties and participants,  
2           the Panel finds that the identified portions of the iMMO Case 04  
3           report do not relate solely to the credibility of a witness and do  
4           not fall outside the expertise of the authors of the report. The  
5           Panel notes that Ms. Duhne-Prinsen, who co-authored the report, is an  
6           expert in post-traumatic stress disorder evaluation and assessing the  
7           behaviour of a witness in criminal proceedings. The iMMO Case 04  
8           report falls well within her expertise. The Panel further considers  
9           that seeking to establish mental harm suffered by a victim in these  
10          proceedings is within the competence of Victims' Counsel.

11          Insofar as the Defence argues that the Panel did not deal with  
12          the Defence's arguments pertaining to the witness's testimony in the  
13          decision of 3 July 2025, the Panel finds that the Defence  
14          misrepresents that decision. The Panel explicitly stated in  
15          paragraphs 29, 30, 32, and 45 of the decision that given the  
16          Defence's objections pursuant to Rule 149, it would only decide on  
17          the admission of the iMMO reports after the expert witnesses had  
18          testified, the Defence had an opportunity to cross-examine them, and  
19          the Panel had received submissions from Victims' Counsel and the  
20          parties following the conclusion of the testimony of the expert  
21          witnesses. The Panel sees no reason to depart from this ruling. Any  
22          arguments relating to the non-admission or the exclusion of portions  
23          of evidence pertaining to the testimony of the witness in prior  
24          proceedings in the iMMO Case 04 report will be addressed in the  
25          Panel's forthcoming decision on the admission of the iMMO reports in



1 which the Panel will account for all submissions made on that point.  
2 The Defence request, that is, filing F03328, is therefore dismissed.  
3 And this concludes the oral order.

4 So today we will start hearing the evidence of Victims' Counsel  
5 witnesses VE-01 and VE-02.

6 Please bring the witnesses in.

7 MR. PUSTAY: Your Honours, if I may. Just before we actually  
8 bring witnesses in, I just wanted to ask. We were handed these  
9 preparational notes in the morning.

10 PRESIDING JUDGE SMITH: Yes.

11 MR. PUSTAY: I was just wondering whether there is some  
12 explanation of what this document is or how it is intended to be  
13 using during the testimony.

14 PRESIDING JUDGE SMITH: The witnesses asked Court's permission  
15 to bring those notes with them and we said they could so long as they  
16 shared them with everybody, with all the parties and participants.

17 MR. PUSTAY: So it's expected that they will rely on the notes  
18 during their testimony?

19 PRESIDING JUDGE SMITH: In the event that they -- they will be  
20 instructed on that. They are not to read them. In the event they  
21 need to refer to them, they would ask permission and be either  
22 granted or denied.

23 MR. PUSTAY: Understood.

24 [The witnesses entered the court]

25 PRESIDING JUDGE SMITH: Please remain standing. You can put

1 your earphones on.

2 Good morning, Ms. Karin Duhne-Prinsen. Is it Duhne? Is that  
3 correct?

4 THE WITNESS DUHNE-PRINSEN: It's Duhne, yes.

5 PRESIDING JUDGE SMITH: [Microphone not activated]. And  
6 Dr. Catherine Nicola Black.

7 THE WITNESS BLACK: Thank you.

8 PRESIDING JUDGE SMITH: In the decision of 3 July 2025, that is  
9 filing F03305, the Panel permitted that you testify concurrently.

10 Before you take your solemn declaration, I will give you and the  
11 parties and participants some practical guidance for your testimony  
12 because that situation of you testifying concurrently.

13 Shortly, you will be instructed to take a solemn declaration.  
14 Each of you will do so separately. To assist the court reporters in  
15 maintaining as clean a transcript as possible, each time  
16 Victims' Counsel or counsel for the parties ask a question, they will  
17 indicate to whom the question is being directed by addressing the  
18 expert by their name.

19 Before you speak, please identify yourself by name and then  
20 respond to the question you are being asked. This will allow the  
21 transcript to accurately reflect which expert is responding to the  
22 question when asked.

23 In terms of time-keeping, the witnesses are testifying jointly  
24 and, therefore, the time used for the examination-in-chief,  
25 cross-examination, and re-examination will be recorded in the same

1 manner as it is for one witness.

2 Lastly, you may be asked to make markings on certain material  
3 put before you. For this purpose, you can use the smartboard in  
4 front of you, and the Court Officer can assist you if necessary.

5 So the Court Usher will now provide you each with the text of  
6 the solemn declaration which you are asked to take pursuant to  
7 Rule 149(5) of our Rules.

8 Please take a look at it, and then I'm going to ask you to read  
9 it aloud.

10 So we now proceed with the solemn declaration of Witness VE-01.  
11 Ms. Duhne-Prinsen first. Please read the document.

12 THE WITNESS DUHNE-PRINSEN: Conscious of the significance of my  
13 testimony and my legal responsibility, I solemnly declare that I will  
14 perform my expert analysis conscientiously and to the best of my  
15 knowledge, and that I will state my findings and opinion accurately  
16 and completely.

17 PRESIDING JUDGE SMITH: Thank you.

18 And now Witness VE-02, Dr. Black, please proceed to read the  
19 solemn declaration.

20 THE WITNESS BLACK: Conscious of the significance of my  
21 testimony and my legal responsibility, I solemnly declare that I will  
22 perform my expert analysis conscientiously and to the best of my  
23 knowledge, and that I will state my findings and opinion accurately  
24 and completely.

25 WITNESS: KARIN DUHNE-PRINSEN

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Witness: Catherine Nicola Black

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1 WITNESS: CATHERINE NICOLA BLACK

2 PRESIDING JUDGE SMITH: And do each of you agree to the solemn  
3 declaration, Ms. Prinsen?

4 THE WITNESS DUHNE-PRINSEN: Yes, I agree.

5 PRESIDING JUDGE SMITH: And Dr. Black?

6 THE WITNESS BLACK: Yes, I do.

7 PRESIDING JUDGE SMITH: All right. You can both be seated now.

8 Witnesses, your testimony is expected to last approximately two  
9 days. As you may know, the Victims' Counsel will ask you questions  
10 first. Once they are finished, the SPO and the Defence will have a  
11 right to ask questions of you, and members of the Panel might also  
12 have some questions for you.

13 The Victims' Counsel's estimate for your examination is  
14 two hours. The SPO has indicated it may take approximately two hours  
15 for questions, and the Defence will take approximately four hours for  
16 questions. As regards each estimate, we hope that counsel will be  
17 judicious in the use of their time. The Panel may allow redirect  
18 examination if conditions for it are met.

19 Witnesses, please try to answer the questions clearly, with  
20 short sentences. If you don't understand a question, feel free to  
21 ask counsel to repeat the question or tell them you don't understand  
22 and they will clarify. Also, try to indicate the basis of your  
23 knowledge of facts and circumstances that you will be asked about.

24 In the event you are asked by the Victims' Counsel to attest to  
25 some corrections made regarding your reports, you are reminded to

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1 confirm on the record that the expert report, as corrected by the  
2 list of corrections, accurately reflects your declaration.

3 Also, speak into microphone and wait five seconds before  
4 answering a question, and then speak at a slow pace for the  
5 interpreters to catch up.

6 During the next days while you are giving evidence in this  
7 Court, you are not allowed to discuss with anyone the content of your  
8 testimony outside of the courtroom. If any person asks you questions  
9 outside the Court about your testimony, please let us know.

10 Please stop talking if I ask you to do so and also stop talking  
11 if you see me raise my hand. These indications mean that I need to  
12 give you an instruction.

13 If you feel the need to take breaks, please make an indication  
14 and we will accommodate you.

15 The Panel understands that you have hard copies of your expert  
16 reports, CVs, and other documents for you to reference during your  
17 testimony in case of need. The Panel also notes that, prior to the  
18 hearing, the parties and participants were handed out copies of the  
19 additional notes that you prepared prior to your testimony. If you  
20 cannot recall something and wish to consult these documents to  
21 refresh your memory, please notify the counsel before doing so. I  
22 repeat that this should be only done in the event that you need to  
23 take that reference because you cannot recall. You should not read  
24 directly from these documents. In other words, maintain a  
25 question-and-answer routine, but if you need to check the documents,

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Examination by Victims' Counsel

1     you may do so with the permission of the Court and then go back to  
2     testifying without reading.

3             Understood? All right. So we begin now with Victims' Counsel  
4     who has their questions.

5             Victims' Counsel, you may begin.

6             MR. LAWS: Thank you, Your Honour.

7                     Examination by Victims' Counsel:

8     Q.     And good morning to both of you. As you know, I am  
9     Victims' Counsel in this case, and I'm going to be asking you some  
10    questions this morning.

11            I'm going to start by dealing with your qualifications and  
12    experience. And I'll begin, if I may, with you, Ms. Prinsen.

13            Ms. Prinsen, what is your occupation?

14            THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen speaking. My  
15    occupation is a health psychologist working currently for iMMO and  
16    the University of Utrecht.

17     Q.     Thank you.

18            MR. LAWS: May we have, please, on the screen two documents side  
19    by side. May we have the document V0000034 to 35 on one side. And  
20    on the other side of the screen, may we have document V000005 to 33,  
21    please.

22                     [Trial Panel and Court Officer confers]

23            PRESIDING JUDGE SMITH: All right, Mr. Laws. I think we're  
24    ready now.

25            MR. LAWS: [Microphone not activated]. On the screen we have two

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Witness: Catherine Nicola Black

Examination by Victims' Counsel

1 pages of Ms. Prinsen's CV. What I would like to have, if I can, is  
2 the first page of the CV and then the other document on the other  
3 side. So V000005 to 33 was the document that I'd ask go on the other  
4 side. Thank you very much.

5 Q. Ms. Prinsen, you told us that your occupation was that of  
6 psychologist. And do you see your CV on the left-hand side of the  
7 screen before you?

8 THE WITNESS DUHNE-PRINSEN: Yes, I do.

9 Q. And does it show that you have been a mental health psychologist  
10 from 2015 to the present day in the roles set out there on the  
11 document?

12 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

13 Q. And your work has involved, in particular, dealing with victims  
14 of torture and of inhumane treatment, has it not?

15 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

16 Q. And you mentioned that you had worked or are working for an  
17 organisation called iMMO, i-M-M-O; is that right?

18 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

19 Q. Could you tell us, please, what iMMO stands for, what the  
20 initials stands for in Dutch, and then tell us in English if you can.

21 THE WITNESS DUHNE-PRINSEN: So in Dutch iMMO is *het Instituut*  
22 *voor Mensenrechten en Medisch Onderzoek*; in English, this is the  
23 Netherlands Institute for Human Rights and Medical Assessment. And  
24 we protect human rights by performing medico-legal examinations on  
25 suspected victims of torture and inhumane treatment.

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1 Q. Thank you. And if we look to the right of the screen.

2 MR. LAWS: And if we could come down the page, please, to the  
3 bottom.

4 Q. We see some very small type.

5 MR. LAWS: If it's possible to increase the size of that type.  
6 Thank you very much.

7 Q. We can see in a footnote on page 1 of the iMMO report in this  
8 case that you're described as being a forensic medical examiner for  
9 iMMO since 2015. And, Ms. Prinsen, it tells us that you have that  
10 you have completed the internal iMMO training, and that you attend  
11 regular continuing education courses peer reviews offered by iMMO; is  
12 that correct, Ms. Prinsen?

13 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

14 Q. And it tells us that you also are in possession of a degree in  
15 behavioural therapy, and we can see that degree if we look on the CV,  
16 page 2, I think is from the University of Maastricht; is that right?

17 THE WITNESS DUHNE-PRINSEN: So it's not entirely correct because  
18 the behavioural therapy is a course you conduct individually while  
19 working with patients, and that can be anywhere. So it's a course I  
20 did in several places.

21 Q. Thank you. The entry that we have for 2002 shows that you have  
22 a bachelor of science and a master of science in development  
23 psychology from Maastricht University; is that right?

24 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

25 Q. Thank you very much. Can you give us some idea of how many



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1 people with trauma you have diagnosed or treated in the course of  
2 your work for iMMO?

3 THE WITNESS DUHNE-PRINSEN: In my work for iMMO, I think I have  
4 conducted medico-legal examinations in over 60 cases, and maybe also  
5 60 that I was a peer reviewer.

6 Q. And beyond iMMO, have you also dealt with people suffering from  
7 trauma?

8 THE WITNESS DUHNE-PRINSEN: Yes. In my work as a mental health  
9 psychologist, before I worked for iMMO, I dealt with people for  
10 trauma.

11 Q. Can you give us an approximation of how many people you would  
12 have dealt with, please, who suffered from trauma?

13 THE WITNESS DUHNE-PRINSEN: I think it's very hard to give an  
14 approximate number. I've been working for ten years, maybe more, in  
15 mental health psychology. I think maybe, either way, 50 or 60.

16 Q. Thank you. And it is also correct that you are the coauthor of  
17 two reports prepared in respect of earlier proceedings at this Court,  
18 in Cases 04 and 05?

19 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

20 Q. Thank you.

21 MR. LAWS: Your Honour, I'm going to seek admission of the CV of  
22 Ms. Prinsen, please, and in line with your ruling in F02787, we  
23 propose that it be marked for identification at this stage.

24 PRESIDING JUDGE SMITH: Please mark it for identification.

25 THE COURT OFFICER: Thank you, Your Honours. The CV will

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1 receive Exhibit V00063, and current classification is confidential.

2 MR. LAWS: Thank you.

3 THE COURT OFFICER: MFI.

4 MR. LAWS:

5 Q. May I now turn to you, please, Dr. Black, and I'm going to ask  
6 you some very similar questions.

7 MR. LAWS: May we take down the document on the left-hand side  
8 of the screen, please, and replace it with document V0000036 to  
9 V0000037.

10 Q. Dr. Black, what is your occupation, please?

11 THE WITNESS BLACK: This is Catherine Black speaking. I'm a  
12 psychiatrist.

13 Q. And, Dr. Black, do you recognise your CV on the left-hand side  
14 of the screen before you?

15 THE WITNESS BLACK: I do.

16 Q. And may we look, first of all, please, at the first page. We  
17 can see that this year, 2025, you also joined immo; is that right?

18 THE WITNESS BLACK: That's correct.

19 Q. And your function is carrying out forensic medical assessments  
20 in conformity with the Istanbul Protocol; is that right?

21 THE WITNESS BLACK: That's correct.

22 Q. All right. We'll come back to the Istanbul Protocol in just a  
23 few moments. And you also work at the Sinai Centrum as a  
24 psychiatrist and have done so since 2024; is that right?

25 THE WITNESS BLACK: I've been working there as a psychiatrist

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1 since 2024, and I was a resident in psychiatry there since 2023.

2 Q. Thank you. And if we turn the page, please, we can see at the  
3 foot of the page your qualifications are given. You have a medical  
4 degree and a doctorate of medicine. Is that also right?

5 THE WITNESS BLACK: That's correct.

6 Q. And could you tell us please about your experience of treating  
7 those with trauma.

8 THE WITNESS BLACK: In my training as a psychiatrist, I chose to  
9 work at two centres specialised in trauma treatment. One of them is  
10 also mentioned in the CV called ARQ Centrum '45, in Diemen, in the  
11 Netherlands. It's a highly specialised centre for trauma treatment.  
12 I worked there from 2020 to 2022, mainly with a refugee population,  
13 many of whom are victims of torture. I worked at -- still as a  
14 resident in psychiatry at the Sinai Centre where I now currently work  
15 as psychiatrist in the in-patient centre for intensive trauma  
16 treatment. There is a diverse population of patients there, people  
17 with early childhood trauma, also again refugee population. I also  
18 worked partly at the Sinai Clinic for veterans of war. And I also  
19 currently work at the Sinai outpatient clinic, and there is also  
20 again a diverse population of people with trauma, including early  
21 childhood trauma, including victims of torture and refugee  
22 population.

23 Q. Thank you very much.

24 MR. LAWS: May I please also ask for an MFI number for this CV.

25 PRESIDING JUDGE SMITH: Yes, please assign an MFI number.

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1 THE COURT OFFICER: Thank you, Your Honour.

2 Your Honour, if I may just make a correction to the first CV.

3 The exhibit MFI number should be V00032. Apologies.

4 And if I can clarify with Victims' Counsel the ERN of the first  
5 CV, because I see that both CVs are within one document. So if  
6 counsel can please specify the ERNs.

7 MR. LAWS: Yes, it's all --

8 THE COURT OFFICER: The first and the second CV.

9 MR. LAWS: Yes. So the first CV has the ERN beginning -- first  
10 page ending 34 and goes on to 35. This is 36 to 37, 38.

11 THE COURT OFFICER: Thank you. As I mentioned, the first CV  
12 with the ERN V0000034 to 35 received MFI V00032, and the second CV  
13 with the ERN V0000036 to 38 will receive MFI V00033.

14 MR. LAWS: Thank you very much.

15 THE COURT OFFICER: And classification is confidential for both.  
16 Thank you.

17 MR. LAWS: Thank you.

18 Q. We're going to move on now, please, to the next topic, which is  
19 your report of 29 April this year as prepared for this trial, which  
20 is now on the right-hand side of the screen.

21 MR. LAWS: We can take off the CV from the screen, please, and  
22 just have the report. Thank you very much. May we look, first of  
23 all, please, at page 1. If we could have just page 1 visible in its  
24 entirety. Thank you. And then if we could please turn on to page 28  
25 within the report.

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1           PRESIDING JUDGE SMITH: Madam Court Officer, can you raise that  
2   up? Make that a little bit larger?

3           MR. LAWS:

4   Q.   May I ask you both --

5           PRESIDING JUDGE SMITH: [Microphone not activated].

6           MR. LAWS: Thank you.

7   Q.   May I ask you both the same question. You've seen the first  
8   page of the report, and this page that has your names on it.

9           Ms. Prinsen, first, if I may, do you recognise that as a copy of  
10 your report?

11          THE WITNESS DUHNE-PRINSEN: Yes, I do.

12   Q.   Thank you. And, Dr. Black, the same question, please.

13          THE WITNESS BLACK: Yes, I do.

14   Q.   Thank you very much.

15          MR. LAWS: May we have on the screen, please, document V0000338  
16 to 0000339.

17   Q.   And, again, I'm going to ask you both the same question. Can  
18 you confirm that that's the letter of instruction that you received  
19 from the Victims' Counsel team at the Kosovo Specialist Chambers,  
20 asking you to provide a report and setting out the questions to be  
21 answered?

22          May I ask Ms. Prinsen first, please.

23          THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

24   Q.   Thank you. And Dr. Black?

25          THE WITNESS BLACK: That's correct.

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1 Q. Thank you. We'll be looking at the questions in just a few  
2 moments. I want to just be clear about one topic, which is the  
3 limitations that this letter of instruction acknowledges.

4 MR. LAWS: And that's to be found, please, on its second page at  
5 number IV.

6 Q. And so that we're all clear from the beginning, you can confirm  
7 that the letter included this paragraph:

8 "iMMO is not asked by Victims' Counsel to conduct an individual  
9 medical examination of the VPPs. Therefore, the report will not be  
10 based on medical examination of the VPPs and it is not expected that  
11 iMMO will provide a medical diagnosis of each of the VPPs."

12 That was the limitation placed on your work, was it not,  
13 Ms. Prinsen?

14 THE WITNESS DUHNE-PRINSEN: Yes, that's correct.

15 Q. And Dr. Black?

16 THE WITNESS BLACK: That's correct.

17 Q. Thank you very much.

18 MR. LAWS: And if we could have an MFI number for that document,  
19 please.

20 PRESIDING JUDGE SMITH: An MFI number, Madam Court Officer?

21 THE COURT OFFICER: Thank you, Your Honour. If Victims' Counsel  
22 can please clarify if it's the entire document or just the range from  
23 338 to 339, because the document finishes with 342.

24 MR. LAWS: Yes. We're going to, in fact, deal with the other  
25 pages of it in just a moment, so it may be better to leave the MFI

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1 number until then. We've got some more pages from it. All right.

2 We'll leave it there.

3 PRESIDING JUDGE SMITH: [Microphone not activated].

4 MR. LAWS: Thank you.

5 THE COURT OFFICER: Thank you.

6 MR. LAWS: Can we go back, please, to the iMMO report itself and  
7 to the page that we were looking at that had the names of the authors  
8 on it, which is page 28 within the report. It's 000005 to 32.

9 Q. Just to clarify this, please, if you would, and I think I need  
10 only ask one of you this.

11 Ms. Prinsen, if you can tell us, please, about the other author  
12 of the report that we can see named there and what her role was.

13 THE WITNESS DUHNE-PRINSEN: The other author of the report is  
14 Jet Steen. She is a psychologist working for iMMO, and she had a  
15 helping role in this expert report. She helped with the literature  
16 search, she helped with the quoting of the testimonies, and she had  
17 supportive role in writing the expert report.

18 Q. Thank you very much. All right. Thank you.

19 MR. LAWS: May we go, please, to page 6 within the report that's  
20 on the screen, which is V0000010.

21 Q. And at page 6, we can see at the top of the page the first  
22 question that you were asked to answer in your report. It's a  
23 slightly truncated version of the full question, which makes  
24 reference to "based on your knowledge, experience and scientific  
25 literature," but you've extracted the meaningful part of it:

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1 "What are the typical (and/or possible) psychological  
2 consequences (short and long term) of mistreatment (torture and/or  
3 inhuman treatment in situations of arbitrary detention) on direct  
4 victims?"

5 And part B:

6 "What is known about the coping mechanisms in these cases?"

7 And, Ms. Prinsen, if we may have your help with this, you  
8 recognise that as the first question that you address in this report,  
9 and you can confirm, I think, that your answer to it runs over a  
10 little over four pages, all the way to the top of page 11?

11 THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen speaking. This  
12 is correct. This is the question. I cannot confirm that it goes  
13 through page 11.

14 Q. Okay.

15 THE WITNESS DUHNE-PRINSEN: I should have to see it on my  
16 screen, and I --

17 Q. All right.

18 THE WITNESS DUHNE-PRINSEN: -- cannot see it. So --

19 Q. Well, we'll see it in just a few moments, I think. Let me just  
20 explain what I'm going to be doing with you.

21 The answer that you've given over those three pages is a  
22 detailed one, and I'm not going to go through it with you line by  
23 line. The Judges have it in writing. I'm going to ask for your help  
24 in respect of some of the answers, and ask for a little more detail  
25 and clarification in relation to some topics.



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Witness: Catherine Nicola Black

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1 MR. LAWS: And I'm going to start at page 9 in the report,  
2 please, if I may, which is page 13, using the numbers top right.  
3 Yes. And if we could make the top half of the page slightly larger,  
4 please. Thank you.

5 Q. The paragraph that I should like to look at with you, please,  
6 first of all, is the third paragraph on that page, starting:

7 "Many studies on the health and functioning ..."

8 Can you see that paragraph?

9 THE WITNESS DUHNE-PRINSEN: Yes.

10 Q. Ms. Prinsen, I wonder if you would assist us just by reading  
11 that paragraph aloud, please.

12 THE WITNESS DUHNE-PRINSEN: The paragraph says:

13 "Many studies on the health and functioning of former prisoners  
14 of war, civilians, and military personnel have shown that captivity  
15 is one of the most challenging human experiences. Captivity differs  
16 from other traumatic experiences in terms of the intensity and  
17 personal nature of the violence, the relationship with the captors,  
18 and the combined effect of prolonged and repeated traumatisations.  
19 These characteristics make the psychological impact of captivity  
20 unique compared to other traumatic experiences."

21 Q. Thank you. So that is what the studies show, that captivity is  
22 one of the most challenging human experiences. I wanted to ask you,  
23 please, about your professional experience of dealing with people who  
24 have experienced captivity and whether that accords or not with the  
25 research position.

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1 Dr. Black, may I ask you first, please.

2 THE WITNESS BLACK: This is Catherine Black speaking. Yes, this  
3 does match my clinical experience. The people I work and have worked  
4 with who have suffered torture in captivity are among those with  
5 severe and prolonged symptoms. And one of the important things to  
6 realise about -- as described in the report, about the unique nature  
7 of captivity and, as we describe, the interpersonal nature of the  
8 violence is that we know that trauma caused by one person to another  
9 has a more profound effect than, for example, a traumatic experience  
10 caused by a natural disaster. Say you are hurt by an earthquake or a  
11 severe storm, that's a different kind of impact of trauma than  
12 violence from one person to another.

13 Q. Thank you.

14 Ms. Prinsen, anything you wanted to add to that?

15 THE WITNESS DUHNE-PRINSEN: No, I think what Dr. Black just  
16 explained can be confirmed by myself.

17 Q. Thank you.

18 May we come down to the next paragraph, please, the paragraph  
19 that starts: "Captivity can lead to ..." And if we come down one,  
20 two, three, four, five -- six lines, there's a sentence beginning:  
21 "Research shows that the treatment of prisoners ..."

22 Can you see that sentence, Dr. Black?

23 THE WITNESS BLACK: Mm-hmm.

24 Q. Would you just assist us by reading that sentence aloud, please.

25 THE WITNESS BLACK: "Research shows at the treatment of

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1 prisoners by prison staff during captivity is the most important  
2 predictor of the development and persistence of PTSD."

3 Q. And I wondered if you had any observations to make about that?

4 THE WITNESS BLACK: In the situation of captivity, one of the  
5 elements that makes it uniquely traumatising is the complete loss of  
6 control and the complete dependence on captors or prison staff. That  
7 means that the situation itself is not only traumatising, but the  
8 prison staff also has control over whether or not you can use any of  
9 the coping mechanisms that you would otherwise use.

10 An example could be in a traumatising situation, at least you  
11 still have control over whether you know it's day or night outside of  
12 captivity. Inside captivity, it is possible that prison staff  
13 restricts your access to daylight or a time piece and, therefore,  
14 giving you even less control really over the small things that you  
15 possibly could control. And this is one of the elements that  
16 contributes.

17 Q. Thank you very much.

18 Ms. Prinsen, anything you wanted to add to that?

19 THE WITNESS DUHNE-PRINSEN: No, I think that is very clear.

20 Q. Thank you.

21 MR. LAWS: May we go back in the report, please, to page 7. And  
22 using the numbers at the top, it ends with an 11. If the top half  
23 could be made a little bit bigger, please? Thank you.

24 Q. I want to look at the sentence that starts in the first full  
25 paragraph: "The most common psychological symptoms ..."

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Witness: Catherine Nicola Black

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1           And I wonder, Dr. Black, if you could just assist us by reading  
2   that please? If you could take it from: "The most common  
3   psychological symptoms" down to the word "anger," seven lines down.

4           THE WITNESS BLACK: "The most common psychological symptoms  
5   resulting from torture and inhumane treatment include unwanted  
6   intrusive memories or flashbacks of the traumatic event(s), avoidance  
7   of memories by steering clear of circumstances or cues likely to  
8   trigger these memories, hyperarousal (including sleep problems,  
9   irritability or anger outbursts, concentration issues, and  
10   hypervigilance), a damaged self-image, and negative changes in  
11   thoughts and feelings (such as overly negative beliefs and  
12   assumptions about oneself and the world, feelings of detachment,  
13   challenges in experiencing positive emotions, and a predominance of  
14   negative emotions like fear, horror, and anger)."

15   Q.   Thank you. I wanted to ask you to help us, please, with some of  
16   the terms in that paragraph. We've all heard about flashbacks.  
17   Everybody knows that they are a feature of PTSD. I wanted you, if  
18   you would, Dr. Black, to tell us what a flashback is like for the  
19   person who is experiencing it.

20           THE WITNESS BLACK: So a flashback is an experience in which the  
21   individual is re-living a traumatic experience - thinking, feeling,  
22   seeing, and sometimes behaving as if they were in the traumatic  
23   situation that is flashing back to their memory. There are, of  
24   course, different degrees and severities of how this could look to  
25   the onlooker. Someone could be having a flashback and us being

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1 completely unaware of it, that it's something that they're  
2 experiencing internally. Or someone could be having a flashback and  
3 it be completely clear to all of us in the room that something is  
4 occurring. An example would be, from clinical practice, that someone  
5 is crawling under the table on the floor, using their hands to fight  
6 off an attacker, and really not in contact with the here and now in  
7 the room where they actually are.

8 There's a wide range of severity and frequency. Maybe it's  
9 important to add that it can be a retraumatising experience.

10 Q. Just explain how --

11 THE WITNESS BLACK: Yeah.

12 Q. Just explain how that works. How is one retraumatized by a  
13 flashback?

14 THE WITNESS BLACK: It's not -- it really differs. And it is  
15 not thinking about or remembering the experience. It is actually  
16 experiencing it as if it was happening again, with all the sensory  
17 elements of that. So people will smell the smells they smelt. They  
18 will also feel pain sometimes they felt in parts of their -- parts of  
19 the body that were in pain at the time of the actual event. So that  
20 makes it hugely emotionally distressing. And if someone has  
21 experienced a flashback and is, say, coming back out of it, you see  
22 the level of emotional distress can be very high, time needed to  
23 recover from it, to realise that someone is in the here and now and  
24 not in the memory they were re-living.

25 From clinical experience, I can say that really only very

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1 recently one of the people I spoke to for an iMMO report who had  
2 spent a time in captivity and -- or alleged time in captivity and  
3 torture with very severe and frequent flashbacks describes or  
4 experiences himself as still being in prison because the frequency  
5 and the intensity of the flashbacks are so severe. That's the  
6 extremer end of the spectrum.

7 There is also -- well, there's to a huge varying degree.

8 Q. Thank you very much.

9 PRESIDING JUDGE SMITH: Mr. Laws, we will take a mid-morning  
10 break at 11.00, so just so you know.

11 MR. LAWS: Your Honour, thank you.

12 We're going to move on.

13 Q. But before I do, just to check, Ms. Prinsen, anything to add to  
14 that?

15 THE WITNESS DUHNE-PRINSEN: No.

16 Q. Do you agree with what your colleague has said?

17 THE WITNESS DUHNE-PRINSEN: I agree with Dr. Black.

18 Q. Thank you very much.

19 In the paragraph that you read for us, Dr. Black, we see  
20 reference to "a damaged self-image." And I wonder, Ms. Prinsen, if  
21 you could tell us what that means, please.

22 THE WITNESS DUHNE-PRINSEN: So a damaged self-image means that  
23 you gain negative thoughts about yourself that are not realistic,  
24 that are not true. So it could be that you think you are weak or you  
25 are not worthy.

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1 Q. Thank you. And, finally, in relation to the terms in this  
2 paragraph, we see that there's reference to "cues likely to trigger  
3 these memories," and I wonder if we could just understand how  
4 triggers work. And, again, I'll ask you first, Ms. Prinsen, if I  
5 may.

6 THE WITNESS DUHNE-PRINSEN: Yes. "Triggers" is what we call  
7 things you see, things you smell, things you hear, things you feel  
8 that trigger a flashback or an intrusive memory. So they remind you  
9 of the traumatic event of the torture. For example, if your captor  
10 was smoking a lot, then the smell of cigarette smoke can bring you  
11 back to this event. Another example is one of the people I examined  
12 named specifically the smell of dirt because it reminded him of the  
13 dirt floor in his cell.

14 Q. Thank you very much.

15 MR. LAWS: Staying on the same page, if we could come down,  
16 please. A little bit more. Thank you.

17 Q. We've got the heading "Long-term consequences." And in the  
18 second paragraph, we can see reference to:

19 "... a recent meta-analysis indicates that these symptoms can  
20 persist for years among war victims."

21 And that is a reference to PTSD symptoms, is it not? And the  
22 question I just wanted to ask you is should it surprise us that 25  
23 years later people still report symptoms of post-traumatic stress  
24 disorder? Dr. Black, you look poised to answer. I'll ask you first.  
25 Thank you.

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1 THE WITNESS BLACK: This is Catherine Black speaking. From my  
2 clinical experience, I can say it does not surprise me.

3 Q. Thank you.

4 And, Ms. Prinsen, anything to add to that?

5 THE WITNESS DUHNE-PRINSEN: No, I can confirm it aligns with  
6 what we see in clinical practice.

7 Q. Thank you. Dr. Black, did you want to add something?

8 THE WITNESS BLACK: No, I don't think so.

9 Q. Thank you very much. Thank you. The next topic that I'm going  
10 to ask your help for is the importance of justice and of recognition  
11 to victims, and it's going to take us a little time to deal with  
12 that.

13 MR. LAWS: Perhaps if we break a minute and a half early, we can  
14 resume after the break. Thank you.

15 PRESIDING JUDGE SMITH: All right. Witnesses, you will be  
16 excused from the room, we'll have a half an hour break, and then we  
17 will come back. Do not speak to anyone outside the courtroom, as I  
18 stated to you earlier, about anything in the courtroom.

19 [The witnesses stand down]

20 PRESIDING JUDGE SMITH: We're adjourned for 30 minutes. We'll  
21 be back at 11.30.

22 --- Recess taken at 10.58 a.m.

23 --- On resuming at 11.30 a.m.

24 PRESIDING JUDGE SMITH: Please bring the witnesses in.

25 [The witnesses take the stand]



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1           PRESIDING JUDGE SMITH: Ms. Prinsen and Dr. Black, we are ready  
2 to proceed. Please give Mr. Laws your attention. He has some more  
3 questions for you.

4           Go ahead, Mr. Laws.

5           MR. LAWS: Thank you, Your Honour.

6           Q. As I said before the break, the next topic I'm going to ask for  
7 your help with is the importance of justice and recognition. And I'm  
8 going to remind you, if I may, of two passages in the report and then  
9 ask a question.

10          MR. LAWS: The first is -- we need to go back, please, to the  
11 iMMO report that I think we had on the screen. Yes, thank you very  
12 much. And if we go to page 8 using the internal pagination, it's  
13 V0000012, top right. Thank you. And if you could just make the top  
14 half a little bit bigger, please.

15          Q. The report is here dealing with studies conducted regarding the  
16 duration of PTSD, and I want to go straight to the last sentence in  
17 this paragraph, which is, I shall read it out:

18               "Engagement in ideological or religious beliefs and the quest  
19 for justice and official recognition of responsibility also affect  
20 recovery."

21          The question is going to be focused on part of that quotation  
22 which is "the quest for justice and official recognition of  
23 responsibility also affect recovery."

24          And then the second part of the report that I just want to draw  
25 your attention to is at page 15.

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1 MR. LAWS: And that's V0000019, using the numbers top right.

2 Q. And it's the sentence at the top of the page, which is this:

3 "Moreover, mental health issues are worsened by ongoing social  
4 and economic stress, alongside the lack of justice and institutional  
5 support."

6 And the question that I'm going to ask Dr. Black, please, to  
7 answer, first of all, is can you help us with how this lack of  
8 justice, the importance of justice and of recognition, how it affects  
9 the victim's recovery, and what are the reasons why mental health  
10 issues are worsened by a lack of justice on behalf of the victims?

11 Dr. Black, your thoughts when you are ready, please.

12 THE WITNESS BLACK: This is Catherine Black speaking. I'd say  
13 from clinical experience, one of the ways in which a lack of justice  
14 or institutional or social support could contribute to the worsening  
15 of mental health issues is by it being what we would refer to as  
16 invalidation of a victim. So the concept is validation or  
17 invalidation of someone's emotions or experiences can be crucial in  
18 trauma recovery.

19 Another way in which a lack of justice -- if a lack of justice  
20 is also linked to ongoing threat could also impede recovery. We know  
21 that if people are still suffering from ongoing threat that was --  
22 for example, someone in a situation of domestic abuse, you can treat  
23 the trauma of the domestic abuse, but if someone is still in a  
24 situation of ongoing threat or another ongoing threat, that could  
25 impede recovery from the mental health issues.

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1           And we know also from clinical experience that the act of being  
2    heard itself is actually used as a therapeutic. One of the trauma  
3    treatments that is most frequently used for refugees, many of whom  
4    are victims of torture or maltreatment, is the narrative exposure  
5    therapy, and that therapy explicitly has an element of telling and  
6    documenting one's story, to use the therapeutic element of  
7    testifying, even if it is not a testimony as in court but as being  
8    testifying if only to the therapist, to have the story heard and  
9    documented as a therapeutic practice.

10   Q.    So the very act of telling one's story and having it  
11   acknowledged, in whatever form, is in itself therapeutic; is that  
12   fair?

13           THE WITNESS BLACK: That it can be, and that is part of the  
14   element of that -- one of the elements of that treatment uses that --  
15   that effect. Yeah.

16   Q.    Thank you very much.

17           Ms. Prinsen, anything you want to add to that?

18           THE WITNESS DUHNE-PRINSEN: No, I think that's correct.

19   Q.    That's correct. Thank you.

20           MR. LAWS: We're going to move on, please, to question 2, which  
21   is on page 11 of the report or V0000015 using the numbers top right.

22   Q.    And question 2 was a question about indirect victims, and I'll  
23   read it:

24           "2. A. What are the typical (and/or possible) psychological  
25   consequences (short and long term) for persons who have suffered from

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1 the abduction and torture and/or the enforced disappearance/murder of  
2 their loved ones?

3 "B. What is known about the coping mechanisms in these cases?"

4 And, again, you deal with these fully over a number of pages,  
5 and I'm not going to take you through the details, but I would like  
6 just a couple of clarifications, please.

7 MR. LAWS: If we turn the page to page 12, or 16, one page on,  
8 16 using the numbers top right, and if you would come down to the  
9 bottom of the page, please.

10 Q. We can see under the heading "Murder," the entry:

11 "The murder of a loved one can lead to persistent grief disorder  
12 over the long term."

13 And I'd just like your help, please, with what is meant by  
14 "persistent grief disorder." And, Dr. Black, if you would like to go  
15 first, please.

16 THE WITNESS BLACK: This is Catherine Black speaking. So  
17 prolonged grief disorder is when normal grief is actually stuck in  
18 a -- gets stuck or interrupted, actually, in a phase of grief and  
19 can't move beyond it. So normal, natural grief knows a number of  
20 stages and phases and fluctuates over time. We call the grief  
21 disordered once it is much more prolonged, much more intense, and  
22 much more disruptive to someone's life and functioning than would  
23 normally be expected for their cultural and societal norms.

24 And in disordered grief, one of the core elements of it can be  
25 the intense yearning for the lost loved one that is really taking

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1 over someone's existence and also really taking over their identity,  
2 that their identity is that of a bereaved person and little else.  
3 And it can -- so here in the text you just referenced, the part of  
4 the text where it also says here "particularly in cases of traumatic  
5 loss," it can also be a mix of post-traumatic stress symptoms if the  
6 loss was traumatic, so that means a violent, sudden loss, a mix of  
7 PTSD symptoms in with the grief.

8 Q. Thank you. And you note that the risk of developing such a  
9 disorder significantly increases when the deceased is a life partner  
10 or one's child; is that right?

11 THE WITNESS BLACK: Yes.

12 Q. Thank you.

13 And, Ms. Prinsen, is there anything that you wanted to add to  
14 that description?

15 THE WITNESS DUHNE-PRINSEN: No.

16 Q. Thank you very much.

17 MR. LAWS: If we could turn the page again, please, V0000017,  
18 and come down to the paragraph headed "Enforced disappearance."

19 Q. We can see that there is reference to the Istanbul Protocol.  
20 And this might be a good time just to introduce us, please, to what  
21 the Istanbul Protocol is and the use that is made of it by those  
22 conducting assessments.

23 And, Ms. Prinsen, would you help us with that, please?

24 THE WITNESS DUHNE-PRINSEN: Yes. The Istanbul Protocol is an  
25 international recognised UN guideline in the United Nations for

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1 documenting torture and inhuman treatment, and it provides medical  
2 and psychological and legal professionals with guidelines in how to  
3 examine supposed victims of torture, how to conduct the examination,  
4 and how to report the findings, and it is based in a  
5 scientifically -- it is scientifically grounded and based on forensic  
6 expertise.

7 Q. And as an IMMO examiner, is it something that you use routinely  
8 in your work?

9 THE WITNESS DUHNE-PRINSEN: Yes, we use it to do -- it is a  
10 guideline for our examinations.

11 Q. And in a short while, we're going to look at two reports that  
12 you prepared in earlier proceedings. Were they prepared in  
13 accordance with the Istanbul Protocol?

14 THE WITNESS DUHNE-PRINSEN: Yes.

15 Q. Thank you. And just before we leave this paragraph, we can see  
16 that the end of the quotation from the Istanbul Protocol says that  
17 "enforced disappearance causes suffering to the relatives that  
18 reaches the threshold of torture," does it not?

19 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

20 Q. Thank you. In the paragraph below that's on the screen now,  
21 about halfway down we can see a sentence that starts:

22 "This type of loss, also known as ambiguous loss, is challenging  
23 to process because there's no clarity about what happened ..."

24 I just want to be clear, we're talking here about enforced  
25 disappearance and its consequences. The phrase "ambiguous loss," I

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1 want just to be sure that we understand what that means.

2 Ms. Prinsen?

3 THE WITNESS DUHNE-PRINSEN: What is your question? I'm sorry.

4 Is it -- do we have to explain what "ambiguous loss" is?

5 Q. Yes, just what is ambiguous loss.

6 THE WITNESS DUHNE-PRINSEN: Well, it means that you've lost  
7 someone, but because it's a disappearance, an enforced disappearance,  
8 you don't know what happened to them and whether they are still alive  
9 or not. So that's the ambiguity in this loss, because it's not like  
10 a real loss because you know somebody died, but still somebody is  
11 missing.

12 Q. And you go on to say that it's:

13 "... challenging to process because there's no clarity about  
14 what happened to the person, which means that the bereaved often  
15 continue to hope and are unable to find closure."

16 Is that right?

17 THE WITNESS DUHNE-PRINSEN: Yes, that is correct. The closure  
18 is very important.

19 Q. Thank you. That's all I'm going to ask about question 2. We're  
20 going to move on to question 3, if we may, please.

21 MR. LAWS: If we turn the page to V0000018, 14 in the report.

22 Q. And the question was:

23 "What psychological symptoms are commonly encountered in  
24 sufferers of trauma in the absence of therapeutic intervention?"

25 And once again, I'm not going to take you through all that you

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1 have written here. I want to just ask you about a couple of matters.

2 MR. LAWS: If we could -- yes, if we could look at the bottom  
3 paragraph, please.

4 Q. This is in relation to a study of untreated war-related PTSD  
5 patients, and in that group it was found:

6 "There is a high prevalence of PTSD and mood disorders among  
7 untreated individuals, even years after the war."

8 And:

9 "There is a high prevalence of PTSD and mood disorders among  
10 untreated individuals ..."

11 Just focusing on that for a moment. This is a specifically  
12 war-related finding. Does it have, in your view, wider application  
13 to those who suffer from PTSD from, for example, captivity, torture,  
14 treatment of that kind? Dr. Black?

15 THE WITNESS BLACK: Sorry, could you clarify the question --

16 Q. Yes.

17 THE WITNESS BLACK: -- once more.

18 Q. The question relates to the bottom paragraph, which you tell us  
19 that:

20 "Studies in various Balkan countries ... show that 84% of  
21 untreated war-related PTSD patients still exhibit symptoms years  
22 after the war."

23 I guess the question could be simply put: Is that an  
24 observation that only applies to untreated war-related PTSD patients  
25 or would it apply, for example, not to combatants, but to people who



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1 had been held in captivity for long periods or mistreated in  
2 captivity?

3 THE WITNESS BLACK: So I can't from memory confirm that the  
4 reference to which this here -- well, the percentage here says 84  
5 per cent, whether or not this reference also covered, as you say, not  
6 war-related but captivity-related PTSD. I would not, from clinical  
7 experience, and what we know and have described from the literature  
8 in general in this report, expect it to be any different for victims  
9 of captivity and torture. As we covered earlier, captivity and  
10 torture are serious forms of traumatisation.

11 Q. Yes.

12 THE WITNESS BLACK: So I would not expect this to be different.  
13 Possibly worse.

14 Q. Thank you. And then the last sentence on that page:

15 "Unresolved trauma causes a decline in both physical and mental  
16 health."

17 What does "unresolved trauma" mean, please, in this context?

18 Ms. Prinsen, would you tell us?

19 THE WITNESS DUHNE-PRINSEN: Yes. And "unresolved trauma" means  
20 a trauma that hasn't been treated or is still -- somebody is still  
21 suffering from PTSD symptoms, so still traumatised.

22 Q. And in that context, just before we leave this, you note in the  
23 paragraph above the last sentence:

24 "The idea that 'time heals all wounds' is not supported by  
25 research."

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1 Is that right, Dr. Black?

2 THE WITNESS BLACK: Yeah. Well, not as a general statement  
3 that -- as we can see -- as we've described in the report, PTSD  
4 symptoms can be -- last for many years. And I would, perhaps, say  
5 that in time they can heal, they can change, they can also be passed  
6 on to the next generation as we've also described of  
7 intergenerational trauma. There is a large body of research of  
8 victims from the Second World War. The institution where I work was  
9 founded for victims of the Holocaust and now, because we know the  
10 intergenerational aspect of trauma, still treats their children,  
11 grandchildren. So I think that may be illustrative.

12 Q. Yes, thank you very much. We're going to move on, please, to  
13 question 4, which is at page 18 in the report, or V0000022 using the  
14 numbers top right. And we'll look first of all at the question, and  
15 then we're going to understand the method with your help. So the  
16 question was:

17 "Based on the information provided by iMMO by [victims] through  
18 Victims' Counsel, what are the symptoms and consequences experienced  
19 by the [victims]?"

20 And B:

21 "To what extent do these symptoms correspond with the  
22 consequences, symptoms, and mechanisms described in response to the  
23 above questions 1, 2, and 3?"

24 That was the fourth question that you were asked. And I would  
25 like to ask you for your help in relation to the methodology. Start

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1 with what you were given, if we may.

2 MR. LAWS: And if we could have on the screen, please, V0000340  
3 to 0000341. Thank you. If it's possible to show the whole page,  
4 that would be very helpful. Thank you.

5 Q. So this is a document that accompanied the first submission of  
6 material from the Victims' Counsel team to iMMO, dated 23 December  
7 2024. Do you recognise it as that, Ms. Prinsen?

8 THE WITNESS DUHNE-PRINSEN: Yes, I do.

9 Q. Thank you. And it sets out what you're being provided with, and  
10 tries to help with how you can access and process the information,  
11 and gives guidance in relation to different categories of VPPs, as we  
12 can see.

13 MR. LAWS: And if we go down the page, please. If we can just  
14 go down the page, if that's possible. And this document is not for  
15 public broadcast, please. And if we could just see the second half  
16 of the page. Thank you very much.

17 Q. So we can see that where witnesses have testified and been asked  
18 questions, you had a transcript provided to you. And at (ii), we can  
19 see that those who testified via Rule 154, there was a separate  
20 document in relation to them setting out what was called  
21 supplementary information on harm.

22 MR. LAWS: If we could go to the next page, please.

23 Q. And then a separate category of victims who were also witnesses  
24 but whose evidence had been adduced in writing, and then victims who  
25 are not witnesses in the case. And together with that, you had a

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1 spreadsheet summarising the information being supplied in relation to  
2 each victim, and you were told their gender and whether they were a  
3 direct or indirect victim.

4 Is that right, Ms. Prinsen?

5 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

6 Q. Thank you.

7 MR. LAWS: And if we could go on to -- I think it's the next  
8 page in this same document, it's V0000342. Thank you.

9 Q. On 14 February, you received, in one go, what was referred to as  
10 the second and third submission of material from Victims' Counsel.  
11 And we can see that at number 3 it was said that the two submissions  
12 brought the total number of victims in respect of whom iMMO has  
13 received information on harm to 108.

14 MR. LAWS: And if we go down, please, to paragraph 4, I just  
15 want to read a further part of your instructions for the record:

16 "We should emphasise that there has been no selection of VPPs on  
17 our part. We have provided information from all VPPs who consented  
18 to the disclosure of their information to iMMO and in respect of whom  
19 we have an account that provides at least some detail in respect of  
20 the harm suffered."

21 And then it sets out in 5, reasons why people had not been  
22 included.

23 So those documents formed part of the instructions that you  
24 received, did they not, Ms. Prinsen?

25 THE WITNESS DUHNE-PRINSEN: Yes, they did.

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1 Q. Thank you. And so you had in total documents from 108 victims,  
2 and they ranged from being substantial folders with -- I think one  
3 was up to 600 pages long, to being folders with just a few pages. Is  
4 that also right?

5 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

6 Q. Did you regard it as practical to deal with all 108?

7 THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen speaking.

8 Q. Yes.

9 THE WITNESS DUHNE-PRINSEN: No, that was not possible. It was  
10 too much time-consuming. We didn't have the means to look at all 108  
11 files.

12 Q. So we're going to come on in a moment to how the selection was  
13 made.

14 MR. LAWS: But before we leave this document, may we have an MFI  
15 number, please, Your Honour, for the whole document, which includes,  
16 in fact, the letter of instruction and both of these documents?

17 PRESIDING JUDGE SMITH: You may assign an MFI.

18 THE COURT OFFICER: Thank you, Your Honour. Document with ERN  
19 V00000338 to V00000342 will receive MFI V00034. Thank you.  
20 Classification is confidential.

21 MR. LAWS: Thank you. And that document can be taken down.

22 Q. So having decided that 108 was too many for you to look at, what  
23 did you do?

24 THE WITNESS DUHNE-PRINSEN: We decided to look at 50 files,  
25 which is a substantial amount of the 108 files we received.

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1 Q. And can you tell us, please, how the 50 were selected.

2 THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen speaking. I had  
3 a preparational note in which it is explained how the selection  
4 worked. I think everybody has got that note. So the files or the  
5 victims were already selected either indirect or direct, as you just  
6 explained. There were five files that were both indirect and direct  
7 victims, and because that was a unique category, we decided to do all  
8 five of those files. And then we looked at how many files we had  
9 from the direct victims and from the indirect victims.

10 And because of the literature, our -- our research is based on  
11 themes from the literature, and there are two categories in the  
12 literature about the indirect victims, either adults or children. So  
13 we made a selection based on birth year and the age at the time of  
14 the war. So whether somebody was an indirect victim, an adult during  
15 the war, or an indirect victim and a child. So we had four different  
16 categories: One was indirect adult, one was indirect children, one  
17 was direct victim, and one was both direct and indirect victim.

18 And we -- can I take the document to look at it, the document  
19 you all have or -- on the screen? Is that possible?

20 PRESIDING JUDGE SMITH: Yes, you may. Just, as I said, don't  
21 read from it. Just --

22 THE WITNESS DUHNE-PRINSEN: Yes.

23 PRESIDING JUDGE SMITH: -- refresh your memory.

24 THE WITNESS DUHNE-PRINSEN: So we -- eventually we selected 20  
25 direct victims, and we selected the five indirect and direct victims.

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1 And from the indirect victims, we selected 15 adults and 10 children.

2 And the selection process was randomised, so all victims had a  
3 number, and it was computerised, so there could be randomly selected  
4 victims. We didn't select them ourselves.

5 MR. LAWS:

6 Q. That's clear. Thank you very much.

7 MR. LAWS: And then we have in the report at page 17 -- if we  
8 could have the report, please, back on the screen. V0000005. Thank  
9 you. And if we could go to page V0000021, top right. Thank you.

10 Q. You have an explanation there about the process that you used  
11 called coding, and it may just help if you give us all a brief oral  
12 summary, Ms. Prinsen, if you would, of what that involved.

13 THE WITNESS DUHNE-PRINSEN: Yes. So the coding means that we  
14 defined all the psychological consequences that are known from the  
15 literature. So the first part of the report explains what  
16 psychological consequences are of torture and inhuman treatment. So  
17 we used these consequences to make a coding scheme to be able to  
18 compare what the victims testified or what they told about their  
19 harm, to be able to compare it with what the literature says.

20 We made 24 categories. For example, one category could be  
21 having flashbacks. So we could code if it is apparent or not that  
22 somebody has -- if somebody actually says having flashbacks, we could  
23 code it or not, if it's not named by the victim. And 21 of the  
24 categories had subcategories because some of the psychological  
25 consequences are general and there could be difference of types.

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1           So I think I just explained it wrong, because the flashbacks is  
2           one of the subcategories of intrusive memories. We just talked about  
3           it. Intrusive memories is not -- can be a variation on. So people  
4           could name flashbacks, they could name intrusive memories, they could  
5           name thinking back of the trauma. And a category that is not having  
6           subcategories would be, I think, something like avoidance.

7           Q.    Very well. Thank you.

8           MR. LAWS: If we could just go on in the report, please, to the  
9           last page, V0000033.

10          Q.    After the random selection had taken place, you end up with  
11          these 50 cases, do you, with the headings that we can see, as you've  
12          described to us, and then the V numbers for the different victims  
13          listed there?

14          THE WITNESS DUHNE-PRINSEN: That is correct.

15          Q.    All right. And then the question that was posed to you is,  
16          after doing all of that work, to what extent do these symptoms  
17          correspond with the consequences, symptoms, and mechanisms described,  
18          and I wonder if you could help us with that, please. It's part 2 of  
19          the question, but it's the part we'll focus on.

20          THE WITNESS DUHNE-PRINSEN: So this is Ms. Prinsen speaking.  
21          The results coding all the psychological consequences that are named  
22          by the victims, they align with the results from the literature  
23          search.

24          Q.    And, Dr. Black, your opinion on this, please?

25          THE WITNESS BLACK: This is Catherine Black speaking. Well, I



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1 agree with Ms. Prinsen's statement. So the broad overview is that we  
2 see the similar symptoms as described in the literature.

3 Q. Thank you very much. One other detail in this part, please.

4 MR. LAWS: If we could go to page V0000023. Yes. And that's  
5 exactly where we need to be, the top of the page.

6 Q. The group that we can see being referred to at the top of the  
7 page, indirect victims who were children under 18 at the time of the  
8 war, you had ten of them, consisting of eight women and two men.

9 A few moments ago, Dr. Black, you were talking about  
10 intergenerational harm. If the victims have suffered  
11 intergenerational harm, is this the group we should be looking at?

12 THE WITNESS BLACK: When I was referring to intergenerational  
13 harm in the previous question a few moments ago, when you were asking  
14 me about the general statement does time heal all wounds, I was, when  
15 making that statement, actually thinking of the passage of time to  
16 generations still to be born, but it could also apply to children of  
17 victims, so the -- as we describe, indirect victims here. If that  
18 was your question?

19 Q. Yes --

20 THE WITNESS BLACK: Yeah.

21 Q. -- it was. Thank you very much. And we can see from the fourth  
22 line down that in this group, the effect of not having closure and/or  
23 justice was cited by 70 per cent; is that right?

24 THE WITNESS DUHNE-PRINSEN: Yes, this is correct.

25 Q. Thank you. Finally, for this report, we have just a few

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1 clarifications to make.

2 MR. LAWS: And, Your Honour, the easiest way to do this may be,  
3 if there's no objection, for the prep note to be put on the screen.  
4 It's just dealing with some issues really of clarification and  
5 translation. Unless there's any objection. It's V0000333, please.

6 PRESIDING JUDGE SMITH: Any objection to be noted?

7 All right. Go ahead.

8 MR. LAWS: Thank you. Thank you. And we'll need at the same  
9 time the report itself back on the screen, please. That's the  
10 document starting at V0000005. Thank you. And if we could, in the  
11 preparation note, just move down the page to the heading  
12 "Clarifications" so that it's visible, please.

13 Q. And, Ms. Prinsen, if we can deal with this through you, the  
14 preparation note says that:

15 "During the two meetings, the two experts provided the following  
16 clarifications."

17 And the first is on page 16 of the report, which is V0000020.

18 MR. LAWS: Thank you. And if we could make that page a little  
19 bigger if possible, please. Thank you.

20 Q. In the paragraph that's just visible at the bottom of that half  
21 of the page, there is: "Based on this information ..." the paragraph  
22 starts.

23 And you wanted to clarify, Ms. Prinsen, that where we see the  
24 word "chosen" in the last line of the paragraph, you had a  
25 clarification to make in relation to that, did you not?

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Witness: Catherine Nicola Black

Examination by Victims' Counsel

1 THE WITNESS DUHNE-PRINSEN: Yes, we did. It should say  
2 "randomly selected," and it was just lost in translation from Dutch  
3 to English.

4 Q. And this goes back to your point that you didn't select which  
5 victims should feature in this. They were generated by a computer  
6 programme.

7 THE WITNESS DUHNE-PRINSEN: Yes.

8 Q. All right. Thank you.

9 MR. LAWS: And then on page 18 of the report, which is V0000022.

10 Q. If we look, first of all, at indirect adult victims at the  
11 bottom of the page, please, you say in the first sentence "indirect  
12 victims of murder and enforced disappearance" should also be  
13 included. And we can see that:

14 "As with direct victims, the most frequently reported complaint  
15 is a general negative statement about life after torture or inhuman  
16 treatment ..."

17 And this sentence applies, you say, to indirect victims of  
18 murder and enforced disappearance as well; is that right?

19 THE WITNESS DUHNE-PRINSEN: Yes, that is correct.

20 Q. Thank you. And then staying on the same page but going up to  
21 the paragraph headed "Direct victims."

22 MR. LAWS: If we could go up in the page on the document on the  
23 left-hand side, please.

24 Q. Four lines down from the beginning of that paragraph, "a  
25 significant proportion of victims," you wanted to clarify that, as we

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1 can see from the preparation note.

2 MR. LAWS: If you would turn the page, please, or come down in  
3 the preparation note, the next page.

4 Q. Ms. Prinsen, you wanted to amend that entry, "a significant  
5 proportion of victims"; is that right?

6 THE WITNESS DUHNE-PRINSEN: Yes, I think the word "significant"  
7 in English is confusing, because it's not statistically significant,  
8 and in Dutch it's a different word. So the translation should be, in  
9 that instance, "substantial" or "notable."

10 Q. Thank you very much. And at page 20 in the report, V0000024, if  
11 we move on in the document on the left, please, do you have the same  
12 observation to make about the word "significant" under the heading  
13 "Coping," last line, last word?

14 THE WITNESS DUHNE-PRINSEN: Yes, it's the same --

15 Q. The same.

16 THE WITNESS DUHNE-PRINSEN: -- translation -- lost in  
17 translation. It should be "important," not "significant."

18 Q. Thank you. And then in the penultimate line on this page, "no  
19 significant difference," again, you wanted to amend that for better  
20 sense, I think?

21 THE WITNESS DUHNE-PRINSEN: Yes, to not get confused. It's  
22 about not having a clear difference between the groups.

23 Q. Thank you.

24 MR. LAWS: With those clarifications, we will seek admission of  
25 this report. So we would ask that it has an MFI number, please.

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Witness: Catherine Nicola Black

Examination by Victims' Counsel

1           PRESIDING JUDGE SMITH: You may assign a number.

2           THE COURT OFFICER: Thank you, Your Honour. The expert report  
3 with ERN V0000005 to V0000033 will receive MFI V00035, and the  
4 classification is confidential. Thank you.

5           MR. LAWS: Thank you.

6           Q. We're going to move on now and deal with two other reports.

7           MR. LAWS: And, Your Honour, to deal with these reports, we'll  
8 need to go into private session.

9           PRESIDING JUDGE SMITH: Into private session, please,  
10 Madam Court Officer.

11                               [Private session]

12                               [Private session text removed]

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

Cross-examination by Ms. Clanton

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13 [Open session]

14 THE COURT OFFICER: Your Honours, we are now in public session.

15 PRESIDING JUDGE SMITH: Go ahead, Ms. Clanton.

16 MS. CLANTON: Thank you.

17 Q. Dr. Black, Ms. Duhne-Prinsen, again, I just have a few questions  
18 for you today about the contents of your reports. If there's any  
19 answer you want to give that could be specific to an individual,  
20 please let me know and we'll move into private session.

21 My first questions relate to the report that you prepared for  
22 these proceedings in April of this year.

23 MS. CLANTON: And that report has MFI V00035, if I could ask for  
24 the Court Officer to please bring that up. We'll turn to page  
25 V0000018, which is page 14 at the bottom of the page. Thank you.

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Witness: Catherine Nicola Black

Cross-examination by Ms. Clanton

1 Q. This is from the section of the report, section 2, which  
2 concerns the consequences for persons who suffered the abduction and  
3 torture or the enforced disappearance of their loved ones. And the  
4 question I have is about 2.B., where you've talked about coping  
5 mechanisms.

6 In this report, you've explained -- and this is the last  
7 sentence of the first paragraph on this page. You've explained that  
8 the "research indicates that rumination and avoidance are common  
9 coping mechanisms among female widows who survived the Kosovo war."

10 And then there's a footnote where you've defined what  
11 "rumination" is, and it says rumination is "the repeated, prolonged  
12 thinking about (or revisiting) your feelings and problems, often  
13 focused on unpleasant events you have experienced."

14 You are co-authors of this report. In compliance with the  
15 Judges' directions, I will make a selection as to who can answer the  
16 question, but if you find that you have something to add or you may  
17 be better placed to answer, please join.

18 My question in respect of rumination here is that -- is this a  
19 coping mechanism that can occur in other types of victims in addition  
20 to female widows?

21 Dr. Black, would you like to respond?

22 THE WITNESS BLACK: Yes. So this is Catherine Black speaking.  
23 So this is included in the report based on a specific reference that  
24 described a specific study that described these symptoms specifically  
25 among the female widows who survived the Kosovo war.

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1           Rumination and avoidance in general are maladaptive coping  
2 mechanisms that can occur in a PTSD in general. Does that answer  
3 your question sufficiently?

4       Q.    Yes. Ms. Duhne-Prinsen, do you have anything to add to that?

5           THE WITNESS DUHNE-PRINSEN: No, I agree.

6       Q.    Thank you.

7           MS. CLANTON: A few pages back, if we can go to V000013 of the  
8 report, please, which is page 9. And if we scroll -- the paragraph  
9 that begins with "Captivity." If you can scroll down a bit more?  
10 Thank you.

11       Q.    On the screen in front of you there's a section about the  
12 specific consequences of captivity, and Victims' Counsel has asked  
13 you some questions this morning already about the first part of this  
14 paragraph. I want to turn to the sentence in the middle of the  
15 paragraph that begins with the words: "Captivity can lead ..."

16           And that sentence says:

17           "Symptoms of PTSD commonly linked to captivity include  
18 avoidance, emotional numbness, flashbacks, shame (resulting from  
19 humiliation and sexual abuse), loneliness (stemming from mistrust in  
20 relationships), and hallucinations."

21           Can the sense of shame be exacerbated by rumination on the  
22 unpleasant or traumatic event that has been experienced by a victim?  
23 Ms. Duhne-Prinsen, if you would like to answer first?

24           THE WITNESS DUHNE-PRINSEN: I think shame and rumination can  
25 occur together, because shame also implies thoughts -- shameful



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1 thoughts about something that happened to you, and it's something you  
2 want to avoid. I don't know if it would make either of one worse,  
3 but they co-occur.

4 Q. Thank you.

5 Dr. Black, do you have anything to add on that point?

6 THE WITNESS BLACK: Well, maybe in general. So rumination, that  
7 was from our paragraph on the coping mechanisms on which we also  
8 describe adaptive and maladaptive ruminations. Rumination is not an  
9 adaptive coping mechanism. So it's a coping mechanism that would  
10 maladapt, it would mean not helpful for your symptoms. So in that  
11 line, it could -- it's not likely to be helpful in reducing your  
12 symptoms, and shame being one of them. Was that --

13 Q. Thank you.

14 THE WITNESS BLACK: That's -- yeah?

15 Q. -- clear. Thank you. Based on your practice and experience,  
16 can trying to find an explanation for the harm that was done to a  
17 victim be part of a victim's rumination, maladaptive coping style?

18 THE WITNESS BLACK: Trying to find an -- could you clarify what  
19 you mean by "trying to find an explanation"?

20 Q. Yes. When victims are experiencing rumination, is part of that  
21 rumination -- in your experience, does it include trying to find an  
22 explanation in your mind as you ruminate about what has happened for  
23 the events that happened to you? In other words, the cause of the  
24 underlying harm.

25 THE WITNESS BLACK: And is your question is that included in

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1 what we describe as rumination, thinking about the cause, or ...

2 Q. Whether in your experience or in the practices you've observed,  
3 whether victims who were ruminating as part of coping, whether part  
4 of that rumination can be about why this thing happened to them?

5 THE WITNESS BLACK: Yeah, yeah. In general, I can say from  
6 clinical practice that people -- the question of why, why this  
7 injustice occurred, why this happened to me, why this loss, and not  
8 being able to move on from that is a frequent -- is frequent problem  
9 in clinical practice in all kinds of a -- a loss and trauma.

10 Q. And in your experience, as part of the coping mechanisms or  
11 coping style that a victim may have, can a victim favour one  
12 explanation for why something happened to them over another  
13 explanation because perhaps one explanation is less painful or less  
14 shameful to them?

15 THE WITNESS BLACK: Yeah. I have to think about that for a  
16 moment. Just to clarify, so you're asking do people ...

17 Q. I can perhaps ask it again.

18 THE WITNESS BLACK: Yeah, if you rephrase it.

19 Q. You just described in your previous answer how it's common that  
20 people ask why did this happen. In this process of ruminating,  
21 thinking about what happened to them, searching for a reason as to  
22 why, have you encountered situations where a victim may land on a  
23 particular explanation, and you suspect that it has to do with a  
24 feeling of shame or choosing a less painful explanation, a less  
25 shameful explanation?

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Witness: Catherine Nicola Black

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1 THE WITNESS BLACK: I'm struggling with your -- sort of -- as a  
2 shameful explanation, trying to -- not quite sure what you're -- what  
3 the -- what exactly you're asking me --

4 Q. The scenario I'm thinking of when I say "a shameful  
5 explanation" --

6 THE WITNESS BLACK: Yeah.

7 Q. -- if I can just clarify my question a bit, is if there is  
8 something that would be considered shameful that could have been the  
9 cause of mistreatment versus an alternate cause that would be  
10 considered to be less shameful or less painful.

11 THE WITNESS BLACK: Essentially, really, are you asking me do  
12 people deny what -- do people deny circumstances they know because of  
13 shame?

14 Q. Yes. And in that denial, perhaps have a different explanation  
15 that is less shameful to them?

16 THE WITNESS BLACK: If that's the question, I could say that  
17 shame is a -- we know that shame is a very powerful motivator. And  
18 also I can say that shame and -- also is covered in the  
19 Istanbul Protocol that shame is a big factor in people when  
20 disclosing information about torture and mistreatment.

21 Q. And a follow-up point on that. What you said about shame, does  
22 that apply in respect of the reason why a victim may think that they  
23 experienced mistreatment, or is your answer more focused on the shame  
24 they feel about describing the mistreatment they then suffered?

25 THE WITNESS BLACK: I'm not sure that I can state that.

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1 Perhaps, Karin, would you like to comment on this?

2 THE WITNESS DUHNE-PRINSEN: Is that okay?

3 THE WITNESS BLACK: That's allowed?

4 Q. Yes, please.

5 THE WITNESS DUHNE-PRINSEN: So this is Ms. Prinsen speaking.

6 What we do know is that shame, as Dr. Black just told us, is a very  
7 powerful emotion which leads to avoidance. So if -- in our report,  
8 we state that avoidance is one of the symptoms of PTSD, and it  
9 explains why people might not disclose about certain information.  
10 And I think whether or not you choose another explanation is also  
11 based on cultural and maybe religious factors.

12 So I think you can only tell if you would examine an individual  
13 whether this played a part in why they choose another explanation.

14 Q. Thank you for your answer.

15 MS. CLANTON: Your Honours, I see the time.

16 PRESIDING JUDGE SMITH: We'll break for lunch now. You may be  
17 excused from the courtroom. Please do not speak with anyone outside  
18 the courtroom about your testimony. And we'll be back here at 1.30.  
19 No, that's not right. 2.30.

20 [The witnesses stand down]

21 MR. ROBERTS: Your Honour?

22 PRESIDING JUDGE SMITH: Yes.

23 MR. ROBERTS: Just because I like to have requests with one  
24 minute to go, it's just to seek Your Honours' leave if questions will  
25 be asked by the Selimi Defence during cross-examination, that they'll

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1 be asked by Ms. Sheremeti to my left. I just wanted to request  
2 authorisation for that from Your Honours before we break for lunch.

3 PRESIDING JUDGE SMITH: Certainly. Thank you for letting us  
4 know.

5 MR. ROBERTS: Thanks, Your Honour. Much obliged.

6 PRESIDING JUDGE SMITH: So we're adjourned until 2.30.

7 --- Luncheon recess taken at 12.59 p.m.

8 --- On resuming at 2.32 p.m.

9 PRESIDING JUDGE SMITH: Madam Usher, please bring the witnesses  
10 in.

11 [The witnesses take the stand]

12 PRESIDING JUDGE SMITH: All right. We are ready to proceed.  
13 Please give the Prosecutor your attention.

14 MS. CLANTON:

15 Q. Good afternoon. My next question relates to the same report  
16 that we were looking at before the break.

17 MS. CLANTON: So if we could please have V000035 brought up on  
18 the screen, and we'll turn to page 10, which has V0000014 in the top  
19 right corner.

20 Q. And on the screen in front of you, under question 1.B., there is  
21 a description of how there are two different types of coping styles.  
22 The report states that a person can have an active coping style,  
23 which means that they want to change a stressful situation or obtain  
24 support; or they can have a passive coping style, which means that  
25 they deny or minimise their feelings and experiences.

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1           A question I have, we'll start with Ms. Duhne-Prinsen, there are  
2   a few examples in this paragraph, but could you explain a bit more  
3   about how does the minimisation of feelings and experiences manifest  
4   itself based on your practice and experience?

5           THE WITNESS DUHNE-PRINSEN: What it means to minimise your  
6   feelings or experiences is that it is the same as avoidance. So  
7   passive coping is not actively trying to solve the problem but to  
8   avoid it. So if you avoid your emotions or you avoid situations in  
9   which emotions will submerge, you can stay away from it, but that  
10   doesn't mean it goes away. So it still bothers you. The same with  
11   experiences. To minimise getting into experiences where you will be  
12   reminded, for example, of a stressful event, it will help that your  
13   emotions will not submerge. However, they won't -- they will not  
14   disappear, and it will eventually lead to -- it's like an oil stain.  
15   So you have to avoid more and more experiences be able to hold up.

16   Q.   Thank you. And what you've described happening to victims who  
17   have this coping style, in particular the minimisation, is that also  
18   evident in the account a victim gives of their experience?

19           THE WITNESS DUHNE-PRINSEN: It could be, if they would vocalise  
20   it, if they would tell that they are doing it. Or you could observe  
21   it when you are trying to get to a specific point of an account and  
22   people will consciously or unconsciously avoid a certain question.

23   Q.   Thank you.

24           MS. CLANTON: If we can turn to page V000009 of the report,  
25   which is page 5.

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1 Q. And this is the section where you talk about general  
2 psychological consequences of war, and you've listed various factors  
3 that influence the psychological consequences of war. If we look at  
4 the cultural and social context, so point number 3 on the screen, it  
5 says that:

6 "... socio-cultural factors influence living conditions,  
7 interpretations of events, available coping mechanisms, recovery  
8 options, and community reactions."

9 And, again, these all refer to psychological consequences that  
10 are suffered by victims. Can you provide a bit more detail - we can  
11 go this time to Dr. Black, if appropriate - about how the  
12 interpretation of events as part of the cultural and social context  
13 may affect the psychological consequences of the war that the victims  
14 suffer from?

15 THE WITNESS BLACK: In this case, I think -- so this point is  
16 describing that there are a whole lot of factors that can influence  
17 it, and not one of them is the clear most important or main factor in  
18 it. An interpretation of events here refers to both the individual's  
19 and the society's interpretation of the events of war, so of who was  
20 a perpetrator and who was a victim, or what was just or unjust.

21 Q. Ms. Duhne-Prinsen, do you have anything to add?

22 THE WITNESS DUHNE-PRINSEN: No.

23 Q. Still in this section at the number 1 at the top, and again as a  
24 factor which influences the general psychological consequences of  
25 war, we see "severity, type, and accumulation of trauma." Could you

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1 explain what the term "accumulation of trauma" refers to,

2 Ms. Prinsen?

3 THE WITNESS DUHNE-PRINSEN: Yes, I can. Accumulation of trauma  
4 means that you underwent multiple traumatising events, so not one  
5 specific event but multiple events. So it means that the effects of  
6 the trauma will accumulate because they will repeat itself. And it  
7 could that -- like in a war, there could be multiple bombings that  
8 you experience, or in torture it could be that you suffered more  
9 occasions of torture. And that's the accumulation of trauma in time.

10 Q. Can trauma accumulate for victims who are, on the one hand, a  
11 direct victim of a particular event, and then also separately an  
12 indirect victim based on a separate event that has happened?

13 THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen speaking. Yes.  
14 I think it's very important to note that the distinction of an  
15 indirect or direct victim is a legal one and not a medical one. As I  
16 explained in our report, an indirect victim can be a direct victim  
17 because the definition of PTSD and for a trauma that can lead to PTSD  
18 doesn't necessarily mean that you have to undergo torture yourself.

19 So witnessing or even hearing of somebody else, a loved one, who  
20 underwent torture without you seeing it, can still be a primary  
21 traumatising event. So it's really important to note that in medical  
22 science it's not that clear a distinction. So, of course, it can be  
23 accumulating because they can both be traumatising events. Even if  
24 you mean the legal concept of indirect victim, it could be another  
25 traumatising event, yes.



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1 Q. And here at number 1 after the different factors, it says:

2 "The more severe the war-related experience ... the higher the  
3 risk of mental health problems ..."

4 Is it also the case that the more trauma someone has, the more  
5 accumulated trauma they have, the higher the risk of mental health  
6 problems?

7 THE WITNESS DUHNE-PRINSEN: I think, yes, the risk is higher.  
8 It doesn't mean that somebody really has more health problems.  
9 However, as we state, a captivity is a very severe war-related  
10 experience, so the scientific research shows that it leads to more  
11 health problems.

12 MS. CLANTON: Your Honours, my next questions relate to the  
13 report that's been MFI'd as V00036, and I think we should go into  
14 private session for those questions, please.

15 PRESIDING JUDGE SMITH: Please, into private session,  
16 Madam Court Officer.

17 [Private session]

18 [Private session text removed]

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Witness: Karin Duhne-Prinsen (Private Session)

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Cross-examination by Ms. Clanton

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Witness: Catherine Nicola Black

Cross-examination by Ms. Clanton

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Witness: Karin Duhne-Prinsen (Private Session)

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Witness: Catherine Nicola Black

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9 [Open session]

10 THE COURT OFFICER: Your Honours, we are now in public session.

11 PRESIDING JUDGE SMITH: Now go ahead, Mr. Dixon.

12 MR. DIXON: Thank you, Your Honours. I'll introduce myself  
13 again for the public.

14 Q. My name is Rodney Dixon. I'm going to ask some questions on  
15 behalf of Mr. Kadri Veseli.

16 And I wanted to start by making a general question, and this is  
17 without criticising you in any way for your work in this case, Case  
18 06. I'll come on to the other two reports which you've been asked  
19 about at the end, but I want to start with our case first. And also  
20 without challenging in any way the suffering of any victim during the  
21 war in Kosovo and the continuation of that as you see in many cases,  
22 some of which you have examined.

23 But what I really want to try and get to is what your report in  
24 Case 06 amounts to. And I think that you have answered this question  
25 in your own report by essentially saying, well, you can only do what

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1     you've been asked to do. And you say -- and this is in your report,  
2     and it can be brought up, and then I'll ask you some questions about  
3     it.

4             You say in your report --

5             MR. DIXON: And if I could get -- it's MFI 35, I believe.

6     That's your report in this case. And if I could have page 17 of the  
7     report, or V0000021. Is the transcript picking this up? Yes. And  
8     if we can go to the bottom of that page, please.

9     Q. This is the last paragraph. You say:

10            "In short, the psychological consequences and symptoms are coded  
11     based on the literal statements made by victims during legal  
12     proceedings."

13            You're referring here to the materials that you were given by  
14     Victims' Counsel.

15            "The findings are not based on forensic medical examinations  
16     conducted by a psychologist. Therefore, no statements can be made  
17     about the medical condition or the validity of the symptoms."

18            And my question arising: Is it correct -- and we can start with  
19     you, Dr. Black, if I may. But is it correct that therefore based on  
20     what you've been able to do in this case, you are simply not able to  
21     say whether any of the persons whose testimony you read, whether they  
22     suffer from particular conditions or not? You can only go on the  
23     basis of what you've read in their testimonies?

24            THE WITNESS BLACK: Yes, I think -- well, the statement that you  
25     quoted speaks for itself. What we did in this report is we

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1 documented the literature and looked to see if we could find the  
2 psychological symptoms that we know from the literature, if we could  
3 find them in these legal statements, we did, but we did not examine  
4 any of these individuals. That's correct.

5 Q. And as a result of not examining any of them, you're not able to  
6 say one way or the other - and this is no criticism of you - but  
7 you're not able to say whether or not any of those symptoms which  
8 they may have been referring to in their testimony, in fact, exist or  
9 not?

10 THE WITNESS BLACK: I can't speak to any of those individuals'  
11 medical status. What I will add to this is that the -- so these --  
12 the documents that we extracted this information from were not  
13 designed to be interviews about their medical symptoms. And even  
14 though they were not interviews about their medical symptoms, a lot  
15 of medical symptoms in them were present that were consistent with  
16 the literature that we found.

17 Q. Yes, you explain this above that paragraph that I referred to by  
18 essentially saying that legal proceedings and the legal context is  
19 not the optimal environment for victims to report medical symptoms,  
20 and that questions posed by lawyers like myself are not there in  
21 criminal cases to focus on identifying medical symptoms. So that's a  
22 shortcoming that you have identified in your report. That's right,  
23 isn't it?

24 THE WITNESS BLACK: So that the situation -- yeah. We also  
25 described that so that our hypothesis or opinion is that, in this

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1 situation, it's more likely to be an underreporting of the true level  
2 of symptoms than a fair representation because of what we know about  
3 especially PTSD and the problems with avoidance and shame and the  
4 very specific circumstances described in the Istanbul Protocol that  
5 are necessary for people to be able to disclose.

6 Q. Yes. You simply, is it not right, don't have the full picture,  
7 and you can't obtain that without --

8 THE WITNESS BLACK: No.

9 Q. -- examining the individual concerned? That's right, isn't it?

10 THE WITNESS BLACK: If you wanted to -- as my colleague just  
11 explained, if you wanted to have the kind of medical-legal reports  
12 that we do for iMMO when we create -- well, we interview an  
13 individual and write a report about, well, supported evidence for  
14 their alleged traumatic experience and the degree to which the  
15 psychological and physical findings match that, then we would have  
16 to -- well, yes, do that with 108 individuals, and then we could say  
17 something more specific.

18 Q. Yes. I mean, you could have done it with one or two or half of  
19 them or 108, but you would have had to have actually done it to be  
20 able to then look at the validity of the symptoms, as you put it  
21 here, and also to be able to comment on whether or not the symptoms  
22 are caused by any particular events or alleged crimes?

23 THE WITNESS BLACK: Yes.

24 Q. And perhaps, Ms. Prinsen, as you were, before I started my  
25 examination, explaining, I mean, the only way to look at whether or

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1 not any particular symptoms can be linked to alleged crimes is you  
2 have to examine the person concerned, to go through in detail what  
3 the symptoms are and how they relate to the allegations; is that  
4 right?

5 THE WITNESS DUHNE-PRINSEN: Yes. Yes, that is right. Can I add  
6 something?

7 Q. Yes, please.

8 THE WITNESS DUHNE-PRINSEN: Some of the victims had medical  
9 reports, and I think it's not up to us to decide about what weight  
10 the report of the symptoms have in a legal context.

11 Q. Yes. You did explain early on that you don't see your role as  
12 truth-finding. But in order to assist that process, in order to  
13 assist us here, isn't that right that, in fact, you can't take this  
14 very far because you haven't examined the individuals concerned and  
15 therefore you can't do the relevant --

16 THE WITNESS DUHNE-PRINSEN: No.

17 Q. -- matching with the alleged crimes in this case?

18 THE WITNESS DUHNE-PRINSEN: For the expert report, we cannot.  
19 No. That's correct.

20 Q. Thanks. The other reports - and I'll come into those and we'll  
21 do those in private session - took a very different approach. That's  
22 for Cases 04 and 05. They examined two particular victims, one in  
23 each case that we're dealing with, where, it's right, isn't it, that  
24 you spent -- and I'll have to ask you this, Ms. Prinsen -  
25 considerable time with the victim concerned, nearly a day in each

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1 case, going through in detail what their accounts were and what their  
2 symptoms were?

3 THE WITNESS DUHNE-PRINSEN: Yes.

4 Q. And in those cases, as we've seen from the reports, and I'll  
5 come to them in more detail later, but you were then able to conduct  
6 various tests, were you not, that you used to understand the symptoms  
7 and see whether there are matches with the alleged violence, the  
8 alleged crimes?

9 THE WITNESS DUHNE-PRINSEN: Among things, yes.

10 Q. Amongst other things, yes. But none of those were conducted in  
11 Case 06 because you hadn't had an opportunity to examine any of the  
12 victims concerned; is that right?

13 THE WITNESS DUHNE-PRINSEN: That's correct.

14 MR. LAWS: Well, may I just raise an objection to that. Two  
15 victims who are concerned in the reports in Case 04 and 05 are  
16 victims in Case 06, so the statement is not correct.

17 PRESIDING JUDGE SMITH: You might want to correct that just to  
18 show that --

19 MR. DIXON: Yes, I thought I had made that clear.

20 Q. Those two that you had examined, I said that there were ones  
21 concerned in our case, they had been examined in detail. But that's  
22 two out of, I understand, 157 victims in the present case?

23 THE WITNESS DUHNE-PRINSEN: I don't know how many victims there  
24 are in your case, but yes, that's two.

25 Q. Okay. Well, there were 108, I understand, when you were --

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1 THE WITNESS DUHNE-PRINSEN: Yeah.

2 Q. -- instructed, so it was two out of 108.

3 THE WITNESS DUHNE-PRINSEN: Yeah.

4 Q. That's right? And you say you don't know the 157 now, but I  
5 think in your preparation note you said 50 as a sample out of 150 was  
6 a fairly substantial number.

7 THE WITNESS DUHNE-PRINSEN: Out of 108, yes.

8 Q. Out of 108.

9 THE WITNESS DUHNE-PRINSEN: Yes.

10 Q. Okay. Well, it's then in the preparation note.

11 What I wanted to ask, though, is when you were told by  
12 Victims' Counsel that this was your mandate or the scope of your  
13 mandate, did you raise then that there would be severe limitations  
14 with what this could show?

15 THE WITNESS DUHNE-PRINSEN: Yes, we did.

16 Q. And what was the response of Victims' Counsel to that?

17 THE WITNESS DUHNE-PRINSEN: They were aware of those  
18 limitations, and they still wanted the report.

19 Q. And when you said there would be limitations, did you highlight  
20 very specifically that you would not be able to comment on whether  
21 there was any connection between any harm suffered and any of the  
22 alleged crimes in this case?

23 THE WITNESS DUHNE-PRINSEN: Yes.

24 Q. Thank you. I want to ask you some specific questions about the  
25 report, nevertheless, specifically with regard to the first part,

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1 first of all, where you look at symptoms in general. Just an overall  
2 question first of all.

3 The academic literature that you looked at, I think you'd  
4 concede that that is not extensive. There are many, many other  
5 sources outside of that. This is a sample of some of the key sources  
6 that are used; is that right?

7 THE WITNESS DUHNE-PRINSEN: Yes, that is correct, but we tried  
8 to focus on meta-analysis and systematic reviews that encompass more  
9 studies. And it was also based on the Istanbul Protocol and our  
10 experience.

11 Q. Yes. Can I ask you just to look at certain parts that deal with  
12 some of the general symptoms.

13 MR. DIXON: Can we go to page V0000008. That's at MFI V0000035.  
14 That's your report.

15 Q. And perhaps I'll ask you now, Dr. Black, to comment on these  
16 different sections that I'm going to highlight.

17 MR. DIXON: If you'd just go further down, please.

18 Q. Where it says:

19 "In Kosovo, nearly 65% of the population experienced traumatic  
20 events during the war, leading to approximately 200.000 to 400.000  
21 traumatised individuals. Refugees from the former Yugoslavia were  
22 found to have a comparatively high rate of mental health issues in  
23 relation to refugees from other war zones."

24 Can I ask, when you refer there to "refugees," are you referring  
25 to persons from all different groupings in Kosovo who have been



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1     affected in some way, had to move, leave? What is the definition you  
2     were using?

3           THE WITNESS BLACK: No, I don't think I can answer that question  
4     fully without having access to the full text of the reference it  
5     refers to.

6     Q. Well, maybe, Ms. Prinsen, can you help us with what you had in  
7     mind when you referred to "refugees" there? I mean, it may well just  
8     be the common sense understanding of persons who have been displaced.

9           THE WITNESS DUHNE-PRINSEN: It is. It is of persons being  
10    displaced. And what it shows, I think in the whole report, is that  
11    specifically for Kosovo there are certain contextual and cultural  
12    factors which we highlight that play a role in the prevalence and the  
13    perseverance of psychological consequences. That's why -- one of the  
14    factors why refugees from the former Yugoslavia have a comparatively  
15    higher rate of mental health issues if you compare it to other war  
16    zones.

17    Q. And that applies to Kosovo as well?

18           THE WITNESS DUHNE-PRINSEN: As well, yes.

19    Q. So would you agree with me, looking at that research, those  
20    figures, it's fair to say that a substantial part of the population  
21    in Kosovo from all different groupings have been traumatically  
22    affected by what happened during the war? It's widespread, is it  
23    not?

24           THE WITNESS DUHNE-PRINSEN: Yes, it is.

25    Q. And could we then go further on to page V0000012, I won't do all

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1 the 0s, if I can drop those, to another section I wanted to ask you  
2 about.

3 MR. DIXON: Just go up a little bit, please. Is it possible to  
4 go higher? Yes, there, that's right. The last paragraph.

5 Q. "Research specific to Kosovo indicates that ten years after the  
6 war, the prevalence of post-traumatic stress, depression, somatic  
7 symptoms, and pain among the civilian population remain significant.  
8 PTSD, MDD, and emotional stress (anxiety) seemed to have become  
9 chronic in a substantial proportion of the population. The  
10 prevalence of PTSD was notably high among specific groups, such as  
11 refugees and veterans."

12 Do you see that there?

13 And, Ms. Prinsen, perhaps continuing with you, then, if I may.  
14 The reference to "refugees" again would be to persons in Kosovo who  
15 were displaced by the war; is that how you understand it?

16 THE WITNESS DUHNE-PRINSEN: Yes.

17 Q. And "veterans" referring to former members of the KLA?

18 THE WITNESS DUHNE-PRINSEN: I wouldn't know. Former members of  
19 military forces, but I wouldn't be able to explain which ones if I  
20 haven't had the reference.

21 Q. Yes, fair enough. So once again, it would seem from the  
22 research that you've relied upon that a substantial proportion of the  
23 population has even sometime after the end of the war, some ten  
24 years, still suffering from all of these various psychological  
25 symptoms which relate to the war?

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1 THE WITNESS DUHNE-PRINSEN: Yes.

2 Q. Thank you.

3 MR. DIXON: And then another section, this is at page V0000017,  
4 please -- okay. And if we could just -- we might have to go down a  
5 bit. Top of the page. Yes, please.

6 Q. "Individuals," right at the top of the page, "with a family  
7 member or close relative who was killed during the Kosovo conflict  
8 seem to have poorer mental health than the general population.  
9 Research indicates that Kosovar citizens with a deceased immediate  
10 family member, compared to those without such a loss, exhibit a  
11 significantly higher prevalence of major depressive episodes (MDE),  
12 PTSD, and generalised anxiety disorder nine years after the war,  
13 along with a lower quality of life."

14 From your research and experience, that is accurate, that's  
15 something that you stand by, is it?

16 THE WITNESS DUHNE-PRINSEN: You mean by the literature --

17 Q. Yes.

18 THE WITNESS DUHNE-PRINSEN: -- research? Yes.

19 Q. You have no reason to question that. That's why you've relied  
20 upon it in your report?

21 THE WITNESS DUHNE-PRINSEN: Yes. And I think it's important to  
22 note that all those studies are correlational, not causal. So  
23 there's no ethic way to research causal relationships, because  
24 it's -- so it's a trend that is found in the study.

25 Q. Yes, it's a trend. And we come back to the same point again:

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1 In each individual case, if you wanted to establish with any  
2 certainty what the connections were, you'd have to examine the  
3 persons concerned, the situation, the circumstances, the family  
4 situation, and everything else to make an informed expert opinion,  
5 wouldn't you?

6 THE WITNESS DUHNE-PRINSEN: Yes, we would.

7 Q. And then the last one on the general section, that's at page  
8 V0000018 and over the page, 19, so it'll be at the bottom of the  
9 page, please.

10 And, Ms. Prinsen, I'll ask once again as you're answering those  
11 questions, but, Dr. Black, please, if there's anything to add or  
12 clarify, do so without hesitation.

13 PRESIDING JUDGE SMITH: Mr. Dixon, at 3.30 we'll take a  
14 ten-minute break just for the convenience of the witnesses.

15 MR. DIXON: Yes.

16 PRESIDING JUDGE SMITH: And then we'll come back until 4.30.

17 MR. DIXON: 4.30. Thank you, Your Honours. I'll just finish  
18 this part and then we could break then, if that's convenient.

19 Q. The section I'm looking at is the one that starts at the bottom  
20 of the page:

21 "This is also confirmed by research in Kosovo and elsewhere."

22 And we're looking at the symptoms that are commonly encountered  
23 in sufferers of trauma in the absence of intervention.

24 "Studies in various Balkan countries, including Kosovo, show  
25 that 84% of untreated war-related PTSD patients still exhibit

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1 symptoms years after the war. There is a high prevalence of PTSD and  
2 mood disorders among untreated individuals, even years after the war.  
3 Additionally, untreated PTSD in veterans leads to increased morbidity  
4 and a reduced quality of life. Unresolved trauma causes a decline in  
5 both physical and mental health."

6 And then just over the page:

7 "Moreover, mental health issues are worsened by ongoing social  
8 and economic stress, alongside the lack of justice and institutional  
9 support."

10 So, Ms. Prinsen, can I ask, when we talk here of 84 per cent of  
11 untreated war-related patients still exhibit these symptoms years  
12 after the war, this is a figure that you stand by, first of all?

13 THE WITNESS DUHNE-PRINSEN: Can I go back to the sentence?

14 Q. Yes.

15 MR. DIXON: One page back, please, at the bottom of the page.

16 THE WITNESS DUHNE-PRINSEN: I don't know from which year this  
17 reference is, but I stand by that it is -- that there is -- that it  
18 shows that the majority of not treated war-related PTSD patients  
19 still exhibit symptoms after years.

20 MR. DIXON:

21 Q. Okay. I think the footnote - I'm helped - shows 2009. But  
22 you've answered the question. Would you agree with me, then, that  
23 that is a high percentage of persons who are still affected some time  
24 after the war in Kosovo by what happened during the war?

25 THE WITNESS DUHNE-PRINSEN: Well, it could be. But there is no

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1 causal evidence that it's because of the war. It's correlational.

2 Q. Yes. Once again, it depends on the individual cases. But would  
3 you agree with me, in general, the level of psychological problems in  
4 Kosovo is widespread at the time of the conflict and thereafter,  
5 according to this research?

6 THE WITNESS DUHNE-PRINSEN: After, yes.

7 Q. And that that affects a wide range of people in Kosovo society,  
8 all the different groupings?

9 THE WITNESS DUHNE-PRINSEN: Yes.

10 Q. So would it be fair to say then that when you look at -- and we  
11 are talking at a general level now, but when you're looking at PTSD  
12 and other mental health symptoms in the context of Kosovo, that there  
13 are any number of people who you could come across in that country  
14 who might suffer from these disorders?

15 THE WITNESS DUHNE-PRINSEN: You could.

16 Q. Thank you.

17 MR. DIXON: I think I will break there, Your Honours, and come  
18 back after that.

19 PRESIDING JUDGE SMITH: All right. Witnesses, we'll give you a  
20 ten-minute break, and then we'll continue on after that until 4.30,  
21 so you can plan, and then we'll be finished for the day.

22 [The witnesses stand down]

23 PRESIDING JUDGE SMITH: We're adjourned for ten minutes.

24 --- Break taken at 3.31 p.m.

25 --- On resuming at 3.41 p.m.

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1           PRESIDING JUDGE SMITH: You may bring the witnesses in,  
2       Madam Usher.

3                               [The witnesses take the stand]

4           PRESIDING JUDGE SMITH: All right. Mr. Dixon, you may proceed.

5           MR. DIXON: Thank you, Your Honours.

6       Q. If we can just pick up where I left off before the break,  
7       Ms. Prinsen, and just ask you in relation to the sections on Kosovo  
8       generally, is it right - and I think you have clarified this, but I  
9       just want to be sure - that these symptoms that have been described  
10      in the literature as being prevalent in Kosovo, they may arise as a  
11      result of crimes, but equally they might result from other factors?  
12      So it's irrespective of whether they are connected to crimes or not.  
13      There's a range of factors that could cause this level of trauma in  
14      that society.

15           THE WITNESS DUHNE-PRINSEN: Yes, there is no specific research  
16      in those studies about causal relationships between which traumatic  
17      event. It could be war related, it could be torture related, it  
18      could be any other traumatic event during the war.

19      Q. And it could also be equally events that had taken place during  
20      the war unrelated to the war as well, personal disputes, disputes  
21      that are private?

22           THE WITNESS DUHNE-PRINSEN: It could be. It's correlational.

23      Q. Yes. Can I then ask, in relation to the persistence of symptoms  
24      as well, whether or not the fact that these persist once again would  
25      not have anything specifically to do with whether persons had

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1 experienced crimes or not. It could be as a result of the lack of  
2 medical care, the lack of social support?

3 THE WITNESS DUHNE-PRINSEN: Sorry, can you ask the question  
4 again?

5 Q. I'm talking about the persistence of symptoms now. They've  
6 continued for a number of years. We saw that in the literature. And  
7 that could occur because of the fact that people had experienced  
8 crimes and were being retraumatised, or it could be for other  
9 reasons, that they weren't treated, that there wasn't social support,  
10 or a combination of those; is that right?

11 THE WITNESS DUHNE-PRINSEN: Yes, that's right.

12 Q. The fact is we just don't know which, based on this very general  
13 literature?

14 THE WITNESS DUHNE-PRINSEN: We only know that if you compare  
15 Kosovo to other post-war countries, that in Kosovo there are higher  
16 levels of prevalence and persistence, yes.

17 Q. Yes. And you mentioned earlier on that there might be  
18 particular reasons for that. Are you able to assist us with that?  
19 And please, Dr. Black --

20 THE WITNESS BLACK: Sure.

21 Q. -- if you wish to add, do so?

22 THE WITNESS DUHNE-PRINSEN: Yes, well, there are some factors  
23 that -- if you look at the other literature, so not specific for  
24 Kosovo, but if you look at the literature, then we know that, for  
25 example, the contextual cultural factors like poorer economical



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1 status or ongoing ethnical conflict or lack of justice, we know that  
2 they can affect the prevalence and the persistence. And we know that  
3 in Kosovo those are factors that play a role in the persistence and  
4 in the prevalence.

5 Q. And what about the high number of refugees? We've seen that  
6 mentioned a few times in the sources you've cited. The fact that  
7 people had been displaced and had to move and come back. Can that be  
8 one of the factors?

9 THE WITNESS DUHNE-PRINSEN: It could be. Although there is one  
10 study - I think it is highlighted in the report - that those factors  
11 were less correlational than war-related factors. It's in the  
12 report. I don't remember which page. There is a study that shows  
13 that.

14 Q. Yes, but is it right that, as you've said previously, you can  
15 show these symptoms, have to endure them, the very psychological  
16 symptoms, irrespective of whether you yourself have been a victim of  
17 a crime, perhaps having to move as a refugee or flee conflict could  
18 cause those symptoms to arise and persist?

19 THE WITNESS DUHNE-PRINSEN: They could.

20 Q. Thank you. I want to ask you then about this coding system that  
21 you used.

22 And maybe, Dr. Black, you could assist us with this. I don't  
23 know if it was yourself or Ms. Prinsen who came up with this  
24 particular way of preparing this report under the constraints that I  
25 know you were operating under, the limitations that you've

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1 highlighted. Could you help us with that, please?

2 THE WITNESS BLACK: So the system of coding is a way to extract  
3 and quantify the data to some degree, and the coding system is, as I  
4 think previously already discussed today, based on looking for those  
5 symptoms that we know from the literature are relevant.

6 Q. And you said in your preparation note - and this is at paragraph  
7 11 for those following - that you looked at coding the data based on  
8 24 categories, 21 of which had subcategories. Who came up with those  
9 different categories? Did you discuss it amongst yourselves or in  
10 the group?

11 THE WITNESS BLACK: Would you like to answer?

12 Q. Either can answer as long as you just say who is answering.

13 THE WITNESS DUHNE-PRINSEN: Yes, it's extracted from the  
14 literature, so it's based on the psychological symptoms and  
15 consequences that are known. And it is -- we talked about it and we  
16 made up the coding system. We checked each other.

17 Q. And did you also come up with a list of terms in the testimonies  
18 that you were reading that would fit into each category with a yes or  
19 a no? I know you said some are just too vague. But, say, well,  
20 these ones, they crossed the line, you should put them in that  
21 category. Is that the way it worked?

22 THE WITNESS DUHNE-PRINSEN: This is Ms. Prinsen --

23 Q. Yes.

24 THE WITNESS DUHNE-PRINSEN: -- speaking. So when you do a  
25 research like this, you start by peer reviewing each other. So we --

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1 first of all, we coded two files or two victims, and we checked each  
2 other to see whether the categories were sufficient and what would  
3 fit in or not. We just had to control each other that not one of the  
4 codings -- somebody will code something and the other one wouldn't.  
5 And as we state in the report, vague comments or comments that just  
6 didn't fit in the category, they weren't coded.

7 Q. Yes. So some fitted in, and you had a list of those. Others  
8 didn't. I mean, I know you've used some examples here in the report.  
9 And, once again, this is not to be critical of the report as it  
10 stands, but it's right, isn't it, that we don't have in the report  
11 your workings or attached to the report what were the exact  
12 categories, which fitted in, which didn't? We don't have that all in  
13 the report or with the report, do we?

14 THE WITNESS DUHNE-PRINSEN: No.

15 Q. And we don't have any of your discussions or decisions that you  
16 made about what would fit in or not?

17 THE WITNESS DUHNE-PRINSEN: No, that would be --

18 THE WITNESS BLACK: No.

19 THE WITNESS DUHNE-PRINSEN: -- a very lengthy report.

20 Q. No, certainly. I just wanted to clarify that, as things stand,  
21 we are in a situation, when we're looking at it now, that we don't  
22 have the categories and we don't know exactly what you decided to put  
23 into each category or not?

24 THE WITNESS DUHNE-PRINSEN: Well, they are based on the  
25 psychological consequences, so it's based on everything that is

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1       stated in the first part of the report.

2       Q.    Yes, no, I understand. I'm just saying we don't have your  
3       analysis and workings and analysis to reach the conclusions, as  
4       general as they are, I know that you've said that they are, but we  
5       don't have that in the report?

6           THE WITNESS BLACK: No. So what you're saying is you -- a more  
7       detailed description of the methodology --

8       Q.    Yes.

9           THE WITNESS BLACK: -- in an appendix or otherwise? That's  
10      correct that you do not have [Overlapping speakers] ...

11      Q.    Yes, that's what I'm asking.

12           THE WITNESS BLACK: Yeah.

13      Q.    The methodology and how it operated --

14           THE WITNESS BLACK: Yeah.

15      Q.    -- in practice, we don't have that in the report. What we have  
16      at the end are certain percentages with some examples that are  
17      mentioned, but that's the total that we have; is that right?

18           THE WITNESS BLACK: Yes.

19           THE WITNESS DUHNE-PRINSEN: Yes. And I think what we added is a  
20      preparational note which states a little bit more about the method  
21      and the -- like the systematic, thematic analysis and the steps that  
22      are involved in this analysis which we followed and which are  
23      reproduct -- how do you say? We can reproduct them or reproduce.

24           THE WITNESS BLACK: Reproduce them.

25      Q.    Yes, I know you have brought that document to the Court and some

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1 questions have been asked about the issues. It's correct that in  
2 your report you do set out how you divided up the different victims  
3 and how they were then randomly selected. But my question was  
4 different, and I think you answered it, that we don't have a detail  
5 of the methodology used in practice set out in the report? That's  
6 right, isn't it?

7 THE WITNESS BLACK: That's correct, yeah.

8 Q. Now, I wanted to just ask about one other symptom of PTSD which  
9 I didn't see mentioned in this report anywhere. It does come up in  
10 one of the other ones that we're going to look at later on in private  
11 session. But I just wanted to confirm, I don't think it's a  
12 controversial matter, that another symptom of PTSD, and this comes  
13 from DSM-5 itself, is one of "irritable behaviour and angry outbursts  
14 (with little or no provocation) typically expressed as verbal or  
15 physical aggression towards people or objects."

16 And I've just read there from E.1. of DSM-5. I can bring it up  
17 if you need. But is it correct that that is another symptom of PTSD,  
18 Dr. Black?

19 THE WITNESS BLACK: Yes. So you're referring to the symptoms  
20 that are grouped under the E category of -- I think the overall  
21 category is --

22 Q. Yes.

23 THE WITNESS BLACK: -- then the hyperarousal category.

24 Q. Yes.

25 THE WITNESS BLACK: And this is one of them. That's correct.

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1 Q. Yes. But that kind of verbal or physical aggression is another  
2 potential symptom of persons who have been traumatised during  
3 conflict, isn't it?

4 THE WITNESS BLACK: It's a symptom of -- it's part of the  
5 classification of PTSD. Not everybody who has experienced a trauma  
6 automatically has PTSD or has that symptom, so you can easily  
7 actually meet the classification criteria for PTSD without having  
8 this symptom.

9 Q. Yes, I think you clarified that earlier, that some people could  
10 be unaffected. Others are in certain ways but not all ways.

11 THE WITNESS BLACK: No.

12 Q. Some could have a combination. That's right?

13 THE WITNESS BLACK: And you can have PTSD without having every  
14 single symptom in the DSM, as you described. So you don't need to  
15 have every single symptom from every single category to meet the  
16 classification.

17 Q. Yes. But that's where you come in. You would have to, to  
18 confirm again, examine the person concerned to work out exactly  
19 whether they have it or don't, or what combination might exist.  
20 That's right, isn't it Dr. Black?

21 THE WITNESS BLACK: To diagnose --

22 Q. To diagnose.

23 THE WITNESS BLACK: -- PTSD.

24 Q. Yes, a medical diagnosis is required.

25 THE WITNESS BLACK: To --

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1 Q. To understand whether or not --

2 THE WITNESS BLACK: To diagnose I must diagnose.

3 Q. That a medical diagnosis, sorry if I wasn't clear, is required  
4 in order to determine which symptoms people have, and there are many,  
5 or whether they have any at all?

6 THE WITNESS BLACK: In what context?

7 Q. Well, in the context of a particular individual who says that  
8 they were the subject of a crime during the war or subject to trauma  
9 during the war, to understand whether or not they do have PTSD or any  
10 other symptom and whether it's related to what they say happened,  
11 you've got to examine them?

12 THE WITNESS BLACK: So those are multiple questions in one. So  
13 to whether -- to know whether someone has a psychiatric diagnosis,  
14 then you would have to do a psychiatric examination. To know whether  
15 someone's psychiatric symptoms are related to a certain event, you  
16 would have to do psychiatric diagnosis and the -- well, the  
17 medical-legal reports as we do for IMMO in which we relate -- look at  
18 medical symptoms and relate them to the alleged traumatic experience.

19 Q. Yes, thank you. I want to just ask you one follow-up question  
20 about the aggression symptom that I've mentioned.

21 MR. DIXON: And if I could call up for that purpose, it's  
22 another potential source article. It's an article by Lauren  
23 Robinson, in fact it's a book, and it's a chapter in the book, and  
24 it's DKV1755 to DKV1775, and I'm just looking for the first two  
25 pages.

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1 Q. You may know her, she's a forensic psychiatrist from  
2 Northwestern University who's focused on PTSD and violence and  
3 understanding the connections and the implications for treatment.  
4 And if I could just have those up. I just want to ask you a question  
5 about what is in this article.

6 If you could see there the heading of the chapter and her name.  
7 Do you know of her as an expert in the area?

8 THE WITNESS BLACK: I do not, no.

9 Q. Okay. Well, have you seen - and, Ms. Prinsen, you can answer as  
10 well - seen this chapter before?

11 THE WITNESS BLACK: I haven't -- this is Catherine Black  
12 speaking. I haven't seen this chapter before.

13 THE WITNESS DUHNE-PRINSEN: No, me neither.

14 Q. Okay. Can I ask you, nevertheless, a question about it.

15 MR. DIXON: And if we go to page 2, please, at the top of the  
16 page.

17 Q. I just want to read you one paragraph and to see whether this is  
18 something you are familiar with. This is:

19 "The relationship between traumatic experiences and violent  
20 behaviour is often described as 'the cycle of trauma' and is  
21 reflected in the truism 'hurt people hurt people,' which describes  
22 the tendency of individuals exposed to pain, trauma, or emotional  
23 distress to inflict a similar pain on others. This is supported by a  
24 vast amount of research which consistently shows a strong link  
25 between traumatised and aggression in both male and female



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1 military and civilian populations."

2 And then there is a reference there to research on the subject.

3 Is that a tendency, a symptom that you are familiar with from  
4 your work?

5 This is Dr. Black speaking, please.

6 THE WITNESS BLACK: Yeah. So -- yeah, the short answer is yes.  
7 If -- what's the English word? So in the setting where I -- if  
8 people are -- it depends which degree, actually, of violent behaviour  
9 we're talking about. So if people with extreme violent behaviour or  
10 criminal violent behaviour are often treated in psychiatric forensic  
11 settings, that's not the setting in which I have most experience, but  
12 it is something I recognise, yes.

13 Q. Thank you.

14 And Ms. Prinsen?

15 THE WITNESS DUHNE-PRINSEN: Yes, it could be. Yeah.

16 Q. Okay. Thank you. That's all I wanted to ask you about this  
17 chapter.

18 MR. DIXON: Your Honours, if I could ask that to be marked for  
19 identification in the event that the report is admitted or parts of  
20 it, then we would move for this to be admitted. And we can address  
21 that in our written submissions as Your Honours have indicated.

22 PRESIDING JUDGE SMITH: Please assign an MFI number to the  
23 document.

24 THE COURT OFFICER: Thank you, Your Honour. Is it just first  
25 two pages or the entire document?

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1 MR. DIXON: It's the entire chapter on the subject, please.

2 THE COURT OFFICER: Could counsel please specify the ERN for it?

3 MR. DIXON: So it is -- I've got the DKV number, but I'll have  
4 to get the full ERN number.

5 PRESIDING JUDGE SMITH: [Microphone not activated] say what the  
6 subject matter of the chapter is.

7 MR. DIXON: Yeah, the chapter is the one on: "PTSD and  
8 violence: Understanding the connection and implications for  
9 treatment."

10 PRESIDING JUDGE SMITH: Thank you.

11 MR. DIXON: And it goes all the way through to -- yeah, DKV1775,  
12 all the way to page 12 of the document. Thank you.

13 THE COURT OFFICER: Thank you. That portion of the document  
14 will receive MFI 2D00048.

15 MR. DIXON: Thank you.

16 THE COURT OFFICER: Classification is public. Thank you.

17 MR. DIXON: Thank you very much. Can we now, Your Honours, move  
18 into private session for the other two reports. Thank you.

19 PRESIDING JUDGE SMITH: Into private session, please,  
20 Madam Court Officer.

21 [Private session]

22 [Private session text removed]

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Karin Duhne-Prinsen (Private Session)

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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Witness: Catherine Nicola Black

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1 [Private session text removed]

7 [Open session]

8 THE COURT OFFICER: Your Honours, we are now back in public  
9 session.

10 PRESIDING JUDGE SMITH: Can you give me a little hint about what  
11 time you will need tomorrow?

12 MR. PUSTAY: I hope, Your Honour, it shouldn't be more than  
13 30 minutes, 3-0.

14 PRESIDING JUDGE SMITH: [Microphone not activated].

15 MR. PUSTAY: Yes, 3-0.

16 PRESIDING JUDGE SMITH: Anybody else going to ask questions?

17 MS. SHEREMETI: Yes, Your Honour, for us, depending on the  
18 questions that Matej will ask, it will not be more than 20 minutes, I  
19 presume.

20 MR. BAIESU: Not more than 15 minutes, but also depending on the  
21 questions asked by [Overlapping speakers] ...

22 PRESIDING JUDGE SMITH: Okay. Thank you very much, everybody.  
23 Thank you for your efforts today.

24 We will see you tomorrow at 9.00. We are adjourned.

25 --- Whereupon the hearing adjourned at 4.29 p.m.