International Criminal Court
Trial Chamber III - Courtroom 2
Situation: Central African Republic
In the case of The Prosecutor v. Jean-Pierre Bemba Gombo - ICC-01/05-01/08
Presiding Judge Sylvia Steiner, Judge Joyce Aluoch and
Judge Kuniko Ozaki
Trial Hearing
Tuesday, 30 November 2010
(The hearing starts in open session at 9.38 a.m.)
THE COURT USHER: All rise. The International Criminal Court is now in session. Please be seated.
THE COURT OFFICER: Good morning, your Honours, Madam President. We are in open session.
PRESIDING JUDGE STEINER: Good morning. First of all, could please the court officer call the case?
THE COURT OFFICER: Yes, Madam President. Situation in the Central African Republic, in the case of The Prosecutor versus Jean-Pierre Bemba Gombo, case reference ICC-01/05-01/08.
PRESIDING JUDGE STEINER: Thank you very much. I would like to welcome the Prosecution's team. Maybe Ms Kneuer could introduce, because I see new faces. Introduce the Prosecution team, please.
MS KNEUER: Thank you, Madam President. The Prosecution today is represented by Ms Bärbel Carl, associate trial lawyer; Eric Iverson, trial lawyer; Frédérique Besse, case manager; Ibrahim Yillah, trial lawyer; and Jean-Jacques Badibanga, trial lawyer; and myself, Petra Kneuer.

PRESIDING JUDGE STEINER: Thank you very much. Good morning, Legal Representatives of Victims, OPCV, the Defence team. Good morning, Maître Liriss. Would you like to introduce your -- again, your team.

MR LIRISS: (Interpretation) Madam, the Defence team is still represented by Mr Kilolo, co-counsel; Mr Haynes, also co-counsel; Mr Kaufman, co-counsel to date, until otherwise decided; Mr Jean Jacques Kabango, case manager; and Madam Gibson, our legal adviser; as well as myself, of course.

PRESIDING JUDGE STEINER: Thank you very much, Mâitre Liriss. Welcome Mr Jean-Pierre Bemba Gombo to this hearing.

So before we resume yesterday's session with the continuation of the questioning of Witness 221, the Chamber, regarding the Prosecution's line of questioning yesterday to which the Defence objected -- Maître Liriss? Maître Liriss, please. To which the Defence objected in relation to asking the expert witness about psychological assessments that she might have made on some of the victims, the Defence stated that, and here I quote, "I thought the second report had been determined to be inadmissible and that it is the evidence that the witness is now giving." This is part of the transcript of yesterday's -- yesterday's transcript, page 29, lines 21 - 23.

At the outset of being offered an amended report and three psychological assessments by the Prosecution in a status conference on 21 October 2010 in which it was argued that this was only supplementary information, and I quote now, I quote the Prosecution, "Should the Chamber wish to have the supplemental report, the Prosecution is available to provide this report that we think would be helpful for the Chamber as a sort of complement of the previous report already disclosed."

The Chamber responded by email through the legal officer to the Chamber on 25 October 2010 stating that it did not wish to receive the additional supplementary

information. The Prosecutor subsequently disclosed this information to the Defence on 26 October 2010, filing 985, as incriminatory evidence.

The Chamber then issued a decision on 12 November 2010, filing 1008, stating that because this information had not been disclosed by the disclosure deadline of 13 November 2009 and because the Prosecution had not applied for leave to disclose additional incriminatory material, the Chamber decided that this material should not be disclosed as incriminatory material and, therefore, the Prosecutor would not be allowed to rely on this material at trial.

Following the Chamber's instruction in its majority decision on the admission into evidence of material contained in the Prosecution's list of evidence, decision 1022, of 19 November 2010 the Prosecution was asked to file a revised and updated list of its evidence.

On 22 November 2010, the Prosecution submitted its updated list of evidence, filing 1027 with annexes A and B, and herein included again the additional supplementary information referred to above. Again, at the hearing on 23 November 2010, the Chamber ordered the Prosecution to remove this material from its list of incriminatory evidence and for the Registry not to assign an EVD-T number to the material.

The Chamber has therefore made its position clear in deciding that the Prosecution is not to rely on the material -- on the additional information referred to herein, which includes the amended report and the three psychological assessments about which questions were asked by the Prosecution yesterday in court.

The Prosecution may therefore -- may not, therefore, use the amended report and the three psychological assessments in the questioning of Witness 221. However, if the witness expert, Dr Akinsulure-Smith, as an expert witness refers to any of these

assessments or other information she might have considered while giving her expert opinion, without being directly questioned by the Prosecution on the issue, then the Chamber will of course fully assess this oral evidence, along with the report that has been already admitted into evidence, when considering its probative value.

This should not thereby be considered as an invitation to the Prosecution to try to elicit such information during its questioning of the witness. Yet, the Chamber recalls that it has discretion to rule on the admissibility of evidence at any time during the course of the proceedings pursuant to Article 64(9) and 69(4) of the Rome Statute.

Having said that, now I ask please the court officer to bring the witness into court.

(The witness enters the courtroom)

WITNESS: CAR-OTP-PPPP-0221 (On former oath)

(The witness speaks English)

PRESIDING JUDGE STEINER: Good morning, Dr Akinsulure-Smith.

THE WITNESS: Good morning, your Honour.

PRESIDING JUDGE STEINER: So, welcome back to this Court for the continuation of your testimony. The Chamber would like first to remind you that you are still under oath. Secondly, the Chamber would like to remind you that you should give pauses after each sentence in order to allow our interpreters and court reporters to prepare the proper translation and interpretation of what you say.

THE WITNESS: I will.

PRESIDING JUDGE STEINER: Thank you very much. Madam Kneuer.

QUESTIONED BY MS KNEUER: (Continuing)

Q. Good morning, Dr Akinsulure-Smith.

A. Good morning.

Q. I hope you rested well. Doctor, in the course of your preparation of this report

that you submitted to the Chamber and in your previous practical experience and work, did you have any opportunity to acquaint yourself with the psychological effects on victims who become infected by diseases following acts of sexual violence?

A. Yes.

Q. Can you please elaborate on that?

A. In terms of medical diseases, we're talking about sexually transmitted infections in terms of HIV, AIDS and so on, yes.

Q. Could you please tell us what, in your opinion, the effects of these diseases are?

A. Well, all of them are, as we know, sexually transmitted diseases that often have a lot of stigma that goes with them, so that not only does the individual have to deal with the physical aspects of it, but they have to deal with the social reactions of people, family members, community members and society members, where often if it is known that they have these diseases as a result of, of course, the sexual experience, they are rejected, at times laughed at, ostracised from their communities. In addition, often in resource-poor communities there are very limited places for them to go for assistance - for medical and psychological assistance - that they might need to cope with their diagnosis, and at times they're unwilling in fact to go to get the help because they're scared to find out that they have these diseases.

Q. Thank you, Doctor. I think I have to ask you to slow down a little bit.

A. Yes, I'm sorry. I keep forgetting. Apologies.

Q. Doctor, can you explain the link between PTSD and accuracy in recollecting memory of traumatic events?

A. Okay. One of the things about PTSD that we know when we talk about it, I mentioned yesterday the three clusters: Re-experiencing, avoidance and numbing and arousal. Avoidance is one of the hallmarks of PTSD. Now, often when we

think of avoidance we think that it's just the inability to remember or to avoid the memories. However, one of the things that we have found out through the research is that in fact PTSD does impact the brain functioning, so that, you know, it creates cognitive problems and memory deficits. So the area of the brain, the hippocampus, that is linked to memories and making new memories and new learning, is often affected by PTSD, and so that can impact the person's ability to recollect events.

Q. Does it affect, or can it affect, the ability to remember the chronological order and the place of events?

A. Often, at times, one of the areas that we see affected in terms of PTSD is the declarative memory, which is the memory that is associated with recalling for example facts and lists, so that while the person may have fragments of memories, they may get chronological events confused. They may have difficulty remembering exact things.

Q. Doctor, in general, the victims you have worked with and diagnosed as suffering from PTSD, did you find that during clinical interviews or other assessments they were able to recollect what had happened to them in terms of their rape, or sexual violence, with sufficient detail for you to understand their history?

A. Often, especially with rape, with multiple rapes under traumatic circumstances, it is very difficult to get victims to begin to talk about it. So in the work that I do there's a fair amount of time building trust, building rapport, to get them to the point where they're able to willingly and freely talk about their experiences. However, once that rapport and trust is built, we do reach a point where they're able to talk about their experience.

And I will say the amount of detail that they're willing to talk about in a clinical setting will vary. Some people will get to the point where they're more willingly

able to recall and talk about it. With other people it may take more time. So it varies.

Q. Now, specifically with regard to the victims of the CAR conflict - and I'm referring only to the witness statements that you reviewed which were provided by the Prosecution - did you find that they were able -- these victims were able to recollect their rape, sexual violence, with sufficient detail?

A. The ones that I read that you sent to me had a range of detail in what they were able to recollect. Some of them just spoke about what happened. Some of them gave more detail. It varied. But I think -- as I mentioned in my report, I think 12 of the women or so did mention at some point some form of sexual violence and a few of the men too.

Q. I would like to draw your attention to your report; it's page 8. And just for the record, it is CAR-OTP-0064-0560, at 0567, and the EVD-T number is EVD-T-OTP-00003.

Doctor, I'm referring to the last paragraph of page 8, and I will read from the report to you:

"The survivors of these acts of sexual violence continue to experience the devastating negative physical, psychological and social outcomes of these experiences. Many reported an inability to seek medical or psychological attention due to limited financial resources or due to the absence of medical and psychological facilities. This population not only carries the burden of their distressing histories and stressful life circumstances, but the shame and humiliation of sexual experience that have devastated their lives, their families and their communities."

How did you arrive at these conclusions?

A. Through reading the reports, the evaluation -- sorry, not the evaluations, the

reports, the information that had been given to me, you know, reading them in a very detailed fashion. These were interviews that were conducted using their exact words, so really reviewing that, again, looking at the literature, what the literature has said about these issues, you know, many of them spoke about having limited resources, nowhere to go, to seek assistance. And really, this was drawn from the information that I was given and that I found.

PRESIDING JUDGE STEINER: Madam Kneuer, if I may interrupt. I think from your quotation there are some slight differences between the document you informed you were quoting --

MS KNEUER: Yes, Madam President. I just realised that I misquoted, I'm sorry. Do you want me to repeat it?

PRESIDING JUDGE STEINER: Yes, please, for the record.

MS KNEUER:

Q. So I will repeat now the correct quotation, and I really apologise for this oversight.

"The survivors of these acts of sexual violence continue to experience the devastating negative physical, psychological and social outcomes of these experiences. Many reported an inability to seek medical attention due to limited financial resources. This population not only carries the burden of their distressing histories and stressful life circumstances, but the shame and humiliation of sexual experiences that have devastated their lives, their families and their communities."

Doctor, you responded already to this question, to my question, is there anything you want to add?

A. Yes. I think, again, really this conclusion was drawn from looking at the witness statements, their testimonies, you know, reading -- doing the literature

review that I had conducted and also really the evaluations that I'd done.

Q. Doctor, on the same page you have provided an opinion with reference to the CAR situation on the impact of sexual violence on male victims.

A. Uh-huh.

Q. How did you form that opinion?

A. I formed it looking -- by looking at again the reports, the witness testimonies that were given to me. I will say in the work that we did in Sierra Leone we primarily focussed on women; while at our programme at the Bellevue NYU programme for survivors of torture, we see mostly women who've had sexual violence. We have a few men, but it became clear to me in looking at these documents that, you know, there were a significant number of men who were also affected.

Again, as I mentioned yesterday, the psychological literature has only just begun to acknowledge and look at the experiences of men, sexual experiences of men during armed conflict. So this was -- it was striking to me.

Q. Doctor, in your professional opinion, are there psychological consequences or effects to parents and children who were forced to watch the sexual violence of their family members?

A. Absolutely. You know, it's bad enough to have experience -- to watch something like this happen to a stranger, but when an individual is placed in a position where they're forced to witness a loved one violated in this way, in a sexual way, it is deeply traumatising.

You know, when we have situations where things are turned upside down, where you have a parent witnessing a child, or a child being forced to witness a parent engage in these kinds of forced sexual activities, often at gunpoint, it is

definitely -- has a big psychological impact, and when we think about the children who are still forming cognitively, developmentally, it does affect them profoundly.

Q. Doctor, in your professional opinion, is it possible that a victim blanks out the most traumatic event and, otherwise, has a good recollection?

A. I mean, it is possible for them -- I mean, again, that's one the hallmarks of PTSD, the avoidance, the numbing, the not wanting to go there. Because which they have these traumatic events, it's not just the memory that you're having, it's everything that comes with the memories. It's the sensations, the feelings, the bodily reaction that come with it that overwhelm and can cause the person to want to shut down. So yes, it can create a situation where the person might want to disassociate from those memories.

Q. Doctor, from your professional opinion, is it possible that such a victim would recall at a later stage, meaning in the future?

A. Depending on the circumstances, the kind of support and resources that are available, treatment, you know, ways in which -- times in which a person may feel safer. All of these are factors that might allow them to be able to go there, if you will.

Q. Doctor, would it be correct to say that not all sexual victims qualify for diagnosis of PTSD and victims of sexual violence during times of war may suffer from psychological symptoms other than PTSD?

A. Yes. I mean, you know, some of the factors in terms of when you look at it doing an evaluation, you want to have a sense of the person's primordial functioning, and by that I mean how were they functioning before this? Were there other traumas that they had experienced? What is their support system like? How resilient are they? Post-trauma, again, what kind of resources are available for them to help them as they cope or respond to whatever traumas they've experienced.

Q. Doctor, can you go into more detail what the psychological impact of this violence would have on victims and what the effects are, and I'm specifically referring to page 9 of your report and the question number 2?

A. Okay. So in terms of the psychological, I already outlined the Post-Traumatic Stress Disorder. Did you want me to repeat that again? Okay.

So in terms of Post-Traumatic Stress Disorder, feeling fearful that, you know -- feeling overwhelmed by this horror that they've experienced, you know, the avoidance, the re-experiencing, the arousal that lasts for more than six months. Depressive symptoms, and by that I mean a depressive mood, feeling sad, feeling very, very down, tearfulness, sleep difficulties. Sorry.

Sleep difficulties, nightmares, inability to concentrate, inability to focus, not wanting to be around other people, isolating themselves, anxiety disorders, sweaty palm, heart palpitation, fearfulness, you know, and at times, you know, suicidal ideation, you know, just not wanting to continue to function or be around any more.

So those are, you know, the kind of continuum of the psychological difficulties that they might have. And, you know, that's not even -- well, I guess I should add in potentially, you know, substance abuse to help soothe their symptoms, you know, sometimes with Post-Traumatic Stress Disorder we see cutting. So those are some of --

Q. Thank you, Doctor. Does the age of a victim have any bearing on the extent of the psychological impact, be it PTSD or any other psychological condition caused by sexual violence during conflict?

A. Yes. The younger the victim, the more devastating and the more problematic. I may have mentioned earlier, in general, young people -- young children don't have, typically don't have the cognitive resources, capacities, that say an adult would to

contain, to respond appropriately to devastating traumatic events. So that we tend to see them often having -- and this is based on some of the research that we've seen in young children who have experienced severe sexual abuse, childhood sexual abuse, where we see developmental delays, we see cognitive delays, that affect them as they -- as they grow into adulthood.

Q. Doctor, you are a Sierra Leone -- you were born in Sierra Leone. And from your testimony earlier yesterday, I understand that you have done a lot of work with victims in African communities. Would you agree that you have a good understanding of the culture and functioning of various African communities?

A. Yes, I would.

Q. Do you have an opinion on how psychological disorders are viewed in these communities?

A. You know, often we don't really talk about these things. They are stigmatised. Its psychological issues are seen as something often that are due to something the person or their family has done; it's something that you know the gods have brought on the person, you know, it's something we deal with over there. It's not really something that we deal with -- or that we think of. It's the person is crazy, they're a problem.

So in the communities that I've worked in, in the immigrant community in New York, we've really done a lot of psycho education about how things like traumatic events affect the individual and that it's not the person's fault, it's not their family's fault, that there is no shame in this, that what we really need to do is work on how to heal and help and support the person and the family.

Q. How are individuals known to be diagnosed with PTSD or other psychological issues generally received in these communities?

A. Well, often there is not an understanding. I mean, one of -- you know, again with PTSD, the isolation, the person not wanting to be around other people. People don't understand why you suddenly are behaving this way. "Why is it that you are so irritable? Why are you having these outbursts? Why are you so jumpy? Why are you having these hyperarousal actions?" So they're seen as different, they are not always necessarily embraced and, you know, especially when you have the sexual piece to it, there's a blaming of the victim and shunning of them.

Q. How easily do victims of sexual violence during times of war integrate into their families and communities?

A. At times it is very difficult. You know, unless there is a fair amount of community sensitising, education, it can be very difficult. I know that when I talk to African immigrant women in New York, and even the women that I interviewed when I was in CAR, you know, they didn't want people to know. There was a huge fear that people would find out and what kind of repercussions that would have for them socially, family-wise and so on. So it's very difficult for them.

Q. Doctor, in your report you have made observations about why victims who have experienced sexual violence remain silent, and I'm referring to page 0566. Can you please briefly explain the reasons for that?

A. What is the page, 0566?

Q. It is on page 7, Doctor.

A. I mean, with primarily around shame, the stigmatisation that follows, rejecting of their communities. And, you know, this is something again when we did our work in Sierra Leone and since, you know, talking to members of the community who will say things like, "Well, why didn't they fight back," you know, failing to understand that when you are in a situation it is very hard to actually physically fight

back. You know, there is ostracisation that women are afraid of, and also there are deep seated feelings of shame and guilt, you know, that the women themselves have that, "Maybe I should have done something. Maybe I could have done something," but yet when you ask, "Well, what could you have done," there is nothing really that they could have done. So these are some the reasons why they won't come forward. And also, I think as I've mentioned in the report here, just the fear -- if they are women who are married, or in a relationship, just the fearfulness of being rejected by their partners. So it's not just the family, but their significant others who at times will say, "Okay, this has happened to you. I no longer want anything to do with you, because not only is it a shame for you, the individual, but it's a shame for our unit and for our larger family."

PRESIDING JUDGE STEINER: Sorry, Ms Kneuer, I'm asked by the court officer whether, with the exception of page 1, the report could be put on the screen.

MS KNEUER: Yes, Madam President.

PRESIDING JUDGE STEINER: Except for page 1.

MS KNEUER: Yes.

PRESIDING JUDGE STEINER: Because sometimes you are referring to specific pages that at least apparently there would be no problem in being -- so, court officer is authorised to doing so.

MS KNEUER:

Q. In your professional opinion, Doctor, what if any are the psychological consequences of victims of sexual violence who do not speak out about what happened to them?

A. In my experience in the clinic, what has happened is people -- women who are not willing to speak about it immediately will come to us for physical things that are

happening. So they may be having gynaecological problems, other physical, you know, muscular problems, tension headaches, and that will bring them to the clinic usually. And then it's as we finally do an intake and an evaluation that we come to realise that there are other causes of the physical problems, and then that's when you start realising that there are actually related psychological consequences. So, you know, they may not have actually spoken the words of what had happened to them, but they have all the PTSD and maybe the depressive and the other anxiety related symptoms that I mentioned earlier.

Q. Can you explain, please, which factors make it difficult for a witness that is suffering from PTSD to testify in court?

A. When -- and actually this is something that often comes up when I work in immigration court. When you have been violated, it's one thing to be violated, but in a sexual manner that is so deeply traumatising and so deeply shameful. To sit in front -- it's one thing to admit to talk about it, to think about it yourself, but to be in a position where you have a whole host of people that you have to relate/narrate the details of such a shameful guilt ridden physical violation would make it hard for anyone, particularly somebody who has had this type of experience, to talk about in-depth.

And you know, again, as a treating clinician I see how hard it is for a individual one-on-one who has been working with me for many months, at times even years, to even write the word "r-a-p-e", rape, on a piece of paper, let alone to get into the details of being violated by one and often more than one person. It can be retraumatising if they're not well-prepared, I will add.

Q. Are symptoms of PTSD, or other trauma disorders, always manifested in a way that it is visible for a non-professional?

A. I think sometimes the ways in which it gets seen may not necessarily be understood. You know, for example, as I said, you know, the person is crying all the time or, you know, "Why are you crying all the time? What's wrong with you?" They're depressed, they're moody, they're irritable. If you've not really been educated and sensitised you might not understand why they're behaving the way they are, and that's why I feel that in terms of working with people who live in family -- you know, who are with families, it's really important to do psychoeducation, to educate the families, the communities, about how -- you know, how this person may have changed from the way you knew them to be, and that, you know, it's not that they are bad, difficult or evil people. This is a person who has had an overwhelming event happen to them and this is how they're trying to cope with it. So, you know, you may see them as being difficult, moody and so on, not really understanding the symptoms and what is causing this type of behaviour.

MS KNEUER: Madam President, may I briefly consult with my team?

Thank you, Madam President.

Q. Doctor, I asked you earlier about the difficulties a witness may have in court to testify. Can you please further elaborate on the stress level for a victim of sexual violence to testify in court?

A. Oh, it would be I can assume -- I mean, I would know that it would be very high, you know, again just having to know that they would have to come and talk out loud. And this of course, as I said before, is coming from my clinical experience with working with victims of sexual violence, preparing them, going to immigration court with them and seeing what it's like for them. It's very high. It's very stressful to have to come and speak in great detail, or as much detail as possible, about this type of traumatic experience, I can't emphasise enough.

Q. Doctor, I understand from your testimony that you conduct quite a number of assessments, and yet you're working with victims in particular in relation to your work at the NYU and that you're testifying at the immigration courts in the United States. When you're conducting these assessments related to these victims, how do you assess the credibility of victims of sexual violence?

A. Usually, there are a number of ways. At our programme we do an extensive intake. During the intake we often give them self-report psychological measures. These are usually instruments that are valid and reliable and are well-known in the field. We conduct clinical assessments, detailed. Everybody who comes for our programme has a physical examination. As I said before, it's a multidisciplinary team. But we look at not only what the person says, but their presentation, how they present, you know, how defensive or non-defensive they are in what they're presenting; when they describe their symptoms, how are they looking? Are these symptoms that they're describing, are they consistent with the symptoms of other people who have had similar events happen to them? Are they consistent with what we know from the DSM? You know, when you're listening and observing somebody in a clinical interview, you're looking to see how well-rehearsed their report to you is, you know, are there inconsistencies?

You know, given PTSD, depression, and so on, you would expect some inconsistencies with someone who is malingering or being deceptive. There would be -- it would be a real tight kind of response they're giving you. You know, is their narrative accompanied by appropriate distress and emotional responses that we know are again consistent with these diagnoses? So it's all these things that I would look at in a clinical interview, you know, the interview, their presentation, their narrative, the assessment materials, the self-report measures that are objective, and

looking at these things all together, then one comes up with the diagnosis and the treatment plan. And that also - I'm sorry, I just realised I got a little sidetracked - and that also gives me a sense of how credible they are.

Can I add that there are occasions where I have conducted evaluations and I have not found the person to be credible?

Q. How often did that happen to you?

A. I would say that's happened four or five plus times.

Q. Dr Akinsulure-Smith, I explored the report that is in front of you, so I'm coming to conclude my examination. Is there anything else you wish to state to assist the Chamber?

A. I think we've covered it.

MS KNEUER: Thank you for your answers, Dr Akinsulure-Smith. I don't have any further questions.

Your Honours, Madam President, with your leave, the Prosecution would like to suggest the Chamber to consider recalling the witness under its powers under Article 64(6)(d) of the Rome Statute as a witness of the Court, in the event that after hearing the crime-based witnesses, the fact witnesses, it would be necessary just in that case.

Thank you, Madam President, your Honours.

PRESIDING JUDGE STEINER: Thank you, Madam Kneuer.

I now give the floor to Defence team to start its questioning - questioning - of the witness. I hope we have noted the wording used by the Presiding Judge, "questioning." Not cross-examination, questioning.

Please, Mr Haynes, you have the floor.

MR HAYNES: Thank you very much, your Honour.

QUESTIONED BY MR HAYNES:

Q. Without the opportunity for a clinical interview, would you venture any opinion as to the credibility of a victim of sexual violence?

A. I would want to examine them. I would want to do an assessment.

Q. Is that also the case before making any judgment as to whether somebody was malingering?

A. That would -- my sense of that would be part of the assessment.

Q. Indeed, the clinical interview is an integral part of your assessment?

A. Uh-huh.

MR HAYNES: Thank you. I have no further questions.

PRESIDING JUDGE STEINER: Defence questioning finished?

MR HAYNES: Yes.

PRESIDING JUDGE STEINER: I would then ask Prosecution whether re-questioning is intended by the Prosecution?

MS KNEUER: No, thank you, Madam President.

PRESIDING JUDGE STEINER: Doctor, thank you very much. I think this concludes your evidence before this Chamber, at least for the time being, and before this Court the Chamber is always allowed to call further evidence if the Chamber deems it necessary in order to find the truth. But for the time being, we just wanted to thank you very much for coming to this Court, for giving your testimony based on your expertise, and remind you that in order for us to find the truth, it is critical that witnesses such as yourself are prepared and willing to give evidence to the Court. So, therefore, you leave us now in order to go back home, your busy agenda that we know about that, but you go home with our thanks.

We are going to ask, please, the court officer to conduct you out of the courtroom.

THE WITNESS: It's been an honour. Thank you very much.

(The witness is excused)

PRESIDING JUDGE STEINER: Madam Kneuer, could we confirm with you that the next witness is ready to testify?

MS KNEUER: Madam President, what I can confirm is that the witness is in The Hague. I think, according to the tentative schedule, she was scheduled for tomorrow, but I'm not in a position to make any statement if VWU believes that the witness can testify today. I'm not in a position to make a clear statement on that one.

PRESIDING JUDGE STEINER: Thank you very much. So, in any case, we were supposed to suspend at 11, so we are going to anticipate our mid-morning break. We are going to, therefore, to resume at 11.30, and I would please ask the court officer to ask someone from VWU to be present, in order to inform the Chamber and the participants on the availability of Witness 22. So we will suspend now and we will resume at 11.30.

THE COURT USHER: All rise.

(Recess taken at 10.40 a.m.)

(Upon resuming in open session at 11.40 a.m.)

THE COURT USHER: All rise. Please be seated.

PRESIDING JUDGE STEINER: So we are resuming just for a very brief period of time. I am informed that Witness 22 is ready to testify, so I first would like to ask the Prosecution whether the Prosecution is ready to start questioning this afternoon in the session this afternoon?

MS KNEUER: Yes, Madam President.

PRESIDING JUDGE STEINER: Thank you very much. So Witness 22 will be available to begin -- to give her evidence in this afternoon's session. The Chamber needs to inform that some protective -- special protective measures were

requested in relation to this witness, apart of the distortion; voice and image distortion.

Recommendations came from VWU in order to -- for the witness to be provided to in-court assistance and other in-court support. In-court assistance includes that the familiar support assistant from VWU be able to sit next to the witness in the witness box and that the psychologist is allowed to sit in the courtroom to monitor the witness as required.

In terms of questioning the needs -- adapt the questioning to the needs and capacities of the witness, VWU recommends that: The witness is guided through her testimony by using short and simple open-ended questions; second, that the questions are put in a non-confrontational, non-pressuring manner; and, third, to avoid as much as possible questions that may be embarrassing for the witness. In this respect, and since the witness is questioned about sexual violence, to formulate questions in the least embarrassing manner possible and to avoid unnecessarily intrusive questions. Last recommendation, that breaks are offered to the witness should she become evidently distressed or having difficulties to concentrate. So, unless there are grounds to object to these recommendations made by VWU, the Chamber intends to grant such protective measures as recommended by VWU.

So again, counting with the generosity of our interpreters and since we are not having the one-and-a-half hour that was supposed to take place in this morning's session, we are going to suspend the session now and to resume at 2.30 in the afternoon for the questioning of Witness 22.

Maître Liriss?

MR LIRISS: (Interpretation) Thank you, your Honour. Might we take advantage of this time to allow Mr Nick Kaufman, who received the objections from the

Prosecution, to respond? He would like to respond directly to these objections before the Chamber.

PRESIDING JUDGE STEINER: Maître Liriss, we are facing a problem in this Court related to the sharing of courtrooms. Since the witness is able to start giving testimony today, that means that we can do all possible to finish the statement on time. If we take this part of the morning for an oral response by Mr Kaufman, it means that in the afternoon we'll have only one-and-a-half hours with the witness and so we are reducing the time that we wanted to grant the witness.

I would like to remind you that this witness not only is a vulnerable witness, but will testify in Sango, which means that her testimony will take a lot of time because of interpretation. So if it's not really a real problem for the Defence, the Chamber would prefer to receive submissions from the Defence or Mr Kaufman in writing, because then we can have all minutes available in order to conduct the questioning of the witness.

So if this does not cause prejudice to the Defence, the Chamber would very much appreciate that if you agree with the programme for today's session.

MR LIRISS: (Interpretation) No objection, your Honour.

PRESIDING JUDGE STEINER: The Chamber very much appreciates your position. So we are going to suspend. We are going to resume at 2.30 in the afternoon with the questioning of Witness 22. So just to remind all parties and participants that we will resume at 2.30 in Courtroom 1. Courtroom 1, thank you very much.

THE COURT USHER: All rise.

(The hearing ends in open session at 11.48 a.m.)