

AMENDED Exhibit 256

PLAINTIFFS' OMNIBUS OPPOSITION TO DEFENDANTS' MOTIONS FOR SUMMARY JUDGMENT

Case No.: 4:22-md-03047-YGR

MDL No. 3047

In Re: Social Media Adolescent Addiction/Personal Injury Products Liability Litigation

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1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA

3 IN RE: SOCIAL MEDIA ADOLESCENT :MDL NO.
4 ADDICTION/PERSONAL INJURY PRODUCTS :4:22-MD-
LIABILITY LITIGATION :3047-YGR
:

5 SUPERIOR COURT OF THE STATE OF CALIFORNIA
6 FOR THE COUNTY OF LOS ANGELES
7 SPRING STREET COURTHOUSE

8 COORDINATION PROCEEDING SPECIAL TITLE :
(RULE 3.400) :LEAD CASE
9 :NO. FOR
SOCIAL MEDIA CASES :FILING
10 :PURPOSES
:22STCV21355
11 :
12 - - -

13 CONFIDENTIAL - PURSUANT TO PROTECTIVE ORDER
14 DEPOSITION UNDER VIDEO EXAMINATION OF
15 LOTTE RUBAEK
16 April 1, 2025

17 Videotaped deposition of LOTTE RUBAEK taken
pursuant to notice, was held at the law offices of
18 Lieff Cabraser Heimann & Bernstein, 250 Hudson
Street, New York, New York, beginning at 9:03 a.m.
19 Eastern, on the above date, before Michelle L.
Ridgway, a Registered Professional Reporter,
20 Certified Court Reporter (NJ-CCR # XI02126),
Certified Realtime Reporter, Certified Shorthand
21 Reporter (CA-CSR # 14592), and Notary Public.
22
23
24
25

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I N D E X
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Testimony of:

LOTTE RUBAEK

By Ms. Flowers	14, 231
By Mr. Chaput	132

- - -

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1 BY MS. FLOWERS:

2 Q. Good morning, Ms. Rubaek.

3 A. Good morning.

4 Q. Could you please state your full
5 name for the record.

6 A. It's Lotte Rubaek.

7 Q. Where do you live?

8 A. I live just north of Copenhagen, in
9 a setup in Denmark.

10 Q. Are you originally from Denmark?

11 A. Yes, I am.

12 Q. And you grew up there?

13 A. I grew up in Denmark, yes.

14 Q. So English is not your first
15 language?

16 A. No, it's not.

17 Q. At some point, growing up in
18 Denmark, did you become interested in psychology?

19 A. Yes.

20 Q. Please tell us a little bit about
21 that.

22 A. When I first became interested in
23 psychology?

24 Q. Yes.

25 A. Oh, that was actually in the

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1 seventh grade. And it was the first time that I
2 heard about Freud's theories, and I thought, wow,
3 this is really, really exciting. I hadn't heard of
4 anything about psychology before.

5 Q. Sigmund Freud?

6 A. Yeah, Sigmund Freud. Yes.

7 Q. Did you go on to attend university?

8 A. Yes, I did.

9 Q. And what was the name of that
10 university?

11 A. It was -- it is the University of
12 Copenhagen.

13 Q. And did you receive a degree from
14 the University of Copenhagen?

15 A. Yes, I did.

16 Q. What year was that?

17 A. That was 2007.

18 Q. And what did you study?

19 A. I studied psychology, and I got a
20 master's degree.

21 Q. What year was that?

22 A. That was 2007.

23 Q. Okay. And after you graduated,
24 what work did you take on?

25 A. My first job was in adult

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1 psychiatry, where I treated people with very severe
2 psychopathology. Yeah, that was -- that was my
3 first job.

4 Q. And did you go on to work in the
5 psychiatric field?

6 A. Yes, I did.

7 Q. But you are not a medical doctor;
8 is that right?

9 A. That's right.

10 Q. Did you go on to diagnose and treat
11 young people who suffer from mental disorders?

12 A. Yes, I did.

13 Q. And does that include eating
14 disorders?

15 A. Yes, it does. I went for seven
16 years specifically with eating disorders in young
17 patients in an outpatient unit.

18 Q. And did that also include anxiety
19 and depression?

20 A. Yes. They suffered from multiple
21 psychiatric disorders. And the same is true with
22 the patients I work with today.

23 Q. Okay. And did you go on to
24 diagnose and treat young people who suffer from
25 self-harm or engage in self-harm?

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1 A. Yes, I did. After my seven years
2 in the outpatient unit for eating-disordered
3 patient, I got my own nonsuicidal self-injury team,
4 which I'm now leading. Yeah.

5 So right now I'm leading a
6 specialized team in nonsuicidal self-injury. And
7 at the same time, I'm the -- and that team, that is
8 for children and adolescents who self-injure in a
9 direct way, such as cutting, burning, scratching,
10 hitting yourself.

11 And at the same time, I'm also the
12 overall leader of the clinical academic group in
13 the Capital Region of Denmark.

14 So I am the overall leader of the
15 self-injury treatment, research, and competence
16 development of staff in our -- in the Capital
17 Region of Denmark.

18 Q. Okay. Very good.

19 And also did you diagnose and treat
20 young people who were suicidal, who have suicide
21 attempts?

22 A. Yes. And I do that in my current
23 job as well.

24 Q. And so you have, by my count --
25 please correct me if I'm wrong -- about 18 years of

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1 experience?

2 A. Yes, I do.

3 Q. In the field of mental health
4 disorders?

5 A. Yes.

6 Q. And do you specialize in young
7 people?

8 A. Yes, I do. I'm -- yeah, a -- after
9 having my master's degree and then after having --
10 being a licensed -- licensed psychologist in 2009,
11 I specialized in the therapeutic treatment of
12 children and young people. So I got my specialist
13 degree in 2016.

14 Q. And who is your employer?

15 A. That is -- yeah, that is the
16 psychiatry in the Capital Region of Denmark. So
17 it's mental health services.

18 Q. Okay. And what is your title?

19 A. I'm a psychologist, licensed
20 psychologist, and a specialist in psychotherapy.

21 Q. Okay. Very good.

22 I'd like to mark your curriculum
23 vitae as Rubaek 1.

24 MS. FLOWERS: It's Tab 1.

25 (Document marked for

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1 identification as (Meta) Lotte Rubaek
2 Exhibit 1.)

3 BY MS. FLOWERS:

4 Q. If you can please take a look at
5 this. Please take a look at that, Ms. Rubaek, and
6 let me know if you recognize it.

7 The first page is a copy of your CV
8 which you sent me, and it is in Danish.

9 A. Mm-hmm.

10 Q. And then there's a translation
11 attached.

12 Please take a look at that and tell
13 me if that appears to be your CV.

14 A. Yes, that is my CV.

15 Q. Okay. Very good.

16 So what are the ages of the
17 patients that you typically see in your clinical
18 work?

19 A. The patients I typically see are
20 from 13 and up to 17 years of age. But we
21 sometimes do get younger patients referred as well.
22 Some of them are 8 to 9 years old, and we treat
23 them as well.

24 But the typical patient is around
25 13 years of age.

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1 Q. And you've been doing clinical
2 practice since you began in 2007; is that right?

3 A. Yes.

4 Q. Same year that smartphones were
5 introduced.

6 A. Yeah.

7 Q. And so please tell us again what
8 the primary focus of your clinical practice is.

9 A. The primary focus of my clinical
10 practice has been nonsuicidal self-injury,
11 throughout my whole career. So in all the jobs
12 I've had, that has been the primary focus.

13 Q. And in lay terms, that's kids who
14 engage in self-harm; is that right?

15 A. Yes, it is.

16 Q. In addition to your clinical work,
17 do you also do research?

18 A. Yes, I do.

19 Q. I'd like to show you this as an
20 example.

21 (Document marked for
22 identification as (Meta) Lotte Rubaek
23 Exhibit 2.)

24 BY MS. FLOWERS:

25 Q. This will be Rubaek Number 2. It's

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1 Tab 2.

2 Tell -- please tell the jury, and
3 us, if you recognize this particular research
4 paper.

5 A. Yes, I do.

6 Q. And this is research you
7 participated in?

8 A. Yes, it is.

9 Q. Okay. In addition to this work and
10 others like it, does your CV -- I'll point you back
11 to Number 1 -- does that appear to be up-to-date?

12 MR. CHAPUT: Object to the
13 form.

14 THE WITNESS: Yes, my CV is
15 up-to-date. But in this CV, I haven't got
16 a list of publications or my research.
17 Yeah.

18 BY MS. FLOWERS:

19 Q. Okay. Thank you.
20 Did you recently get a promotion?

21 A. Yes, I did.

22 Q. Tell us about that, please.

23 A. Yes. I would love to do that.

24 The nonsuicidal self-injury team
25 that I'm leading in child and adolescent psychology

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1 was something that I had been -- I had been working
2 politically in a lobby group to get finances for
3 this area for some years before the politicians
4 decided to -- to finance this area and to make
5 better treatment for young people who self-injure.

6 And then now, after six years, as
7 the head of this team, our -- I've been working in
8 parallel, in parallel with that. I've been working
9 on -- yeah, making better treatment and better
10 research with these patients and making our
11 organization see that we need to prioritize this
12 area more. So that's what they've done.

13 So they decided to -- to make this
14 new clinical academic group, called CAG. We have
15 four of them before this. So the current one is
16 about nonsuicidal self-injury. So this is the
17 fifth CAG in the Capital Region of Denmark. And
18 that's a very -- that's a sign and a priority of
19 this area, that they want to, yeah, raise the
20 quality of the treatment and make it more
21 evidence-based.

22 And then they -- yeah. I was
23 pointed out to lead this clinical academic group.

24 Q. Congratulations.

25 A. Thank you.

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1 Q. So in your clinical practice,
2 between 2007 and as we sit here today, in 2025, do
3 you have patients who report to you regular use of
4 the product Instagram?

5 MR. CHAPUT: Object to form.

6 THE WITNESS: Yes, I do.

7 BY MS. FLOWERS:

8 Q. And do the Instagram users who you
9 treat, have they reported to you problems related
10 to the use of that --

11 MR. CHAPUT: Object to the
12 form.

13 BY MS. FLOWERS:

14 Q. -- that social media product?

15 A. Yes, they have.

16 Q. Tell us a little bit about some of
17 the problems that you've seen in your patients as a
18 result of kids being on Instagram.

19 A. Okay. First of all, when we talk
20 about my area of expertise, nonsuicidal
21 self-injury, we've seen quite a dramatic change
22 through the years where Instagram have been -- have
23 existed.

24 Before, we saw a self-injury
25 developing and getting worse over time, but that

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1 would typically be over years before they -- the
2 self-injury was so severe that they would also get
3 a suicide risk.

4 Now we see that -- we see many
5 different things.

6 We both see that our patients
7 report the first time they ever self-injured was
8 right after having -- having been exposed to a
9 self-injury image or some self-injury content,
10 especially on Instagram but lately also on TikTok.
11 So that was when they first got the idea that that
12 could be a solution to feeling inner pain and to
13 having, yeah, difficult emotions, being depressed
14 and anxious and so on.

15 So that is the first thing I
16 noticed, that what our patients tell and indicate
17 as the reason why they started to self-injure was
18 that they got the idea from a social media
19 platform, and Instagram is mentioned. Instagram
20 and TikTok, they are the platforms they mention
21 most often.

22 The other thing I've noticed is
23 that the difference from before social media, now,
24 once the young people start to self-injure, they
25 tell us that their feed suddenly -- the feed in --

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1 on Instagram suddenly gets full of this content.

2 So that's -- and that's, of course,
3 because of the algorithms who detect that, all of
4 the sudden, they are very interested in this kind
5 of content. And some of our patients tell that
6 this is -- at some points, this is the only content
7 they have in their feed, and they get very much
8 affected by that.

9 Some of our patients also form kind
10 of secret communities or closed communities from
11 private profiles on Instagram, and once they get
12 into these communities, we see that self-injury
13 develops very fast.

14 So when we saw self-injury getting
15 very, very severe within years before, now it's --
16 it can be within weeks and it can be within months.
17 So we can have a child who has maybe scratched or
18 cut herself for the first time, and she's getting a
19 part of this Instagram network with others -- with
20 other like-minded young persons who suffer from the
21 same, which is self-injury.

22 And then because of the group
23 dynamics that arise between these users, they start
24 to compete with each other, making the most deep
25 cuts, getting most stitches in the emergency room,

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1 the country was the case, I hoped that I could be
2 able to help Instagram to make -- to make the
3 moderation better.

4 And I thought that this could have
5 a huge impact on the safety and the well-being.
6 And I also thought that it would make it easier for
7 us to treat our patients once we got this fixed.

8 So I thought this might be my most
9 important job ever, because I can help in a very
10 systemic way. I can help reduce these systemic
11 risks that Instagram and other social media
12 platforms -- but in this case, Instagram play --
13 yeah, the role they play in the development of
14 self-injury.

15 Q. And did you go on to serve as a
16 member of that Meta expert advisory group for just
17 over three years?

18 A. Yes, I did.

19 Q. And we'll get into that, your time
20 at the -- on the expert group in a minute.

21 But are you aware that Meta has
22 taken the position publicly that it works with
23 experts?

24 A. Yes.

25 MS. FLOWERS: Could I see

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1 Tab 7, please.

2 (Document marked for
3 identification as (Meta) Lotte Rubaek
4 Exhibit 8.)

5 BY MS. FLOWERS:

6 Q. This is the written testimony of
7 Mark Zuckerberg before the United States Senate
8 on -- Judiciary Committee, on January 31, 2024.

9 Could you turn to Page 5, please,
10 Ms. Rubaek.

11 A. Yes.

12 Q. Under the heading that says "Our
13 Commitment"?

14 A. Yes.

15 Q. Could you read that first
16 paragraph, please.

17 A. "We want everyone who uses our
18 services to have safe, positive, and
19 age-appropriate experiences, and we approach all
20 our work on child safety and teen mental health
21 with this in mind. We build comprehensive controls
22 into our services, we work with parents, experts,
23 and teens to get their input, and we engage with
24 Congress about what else needs to be done."

25 Q. Ms. Rubaek, is this statement,

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1 "safe, positive, age-appropriate experiences,"
2 consistent with what you see in your patients?

3 MR. CHAPUT: Object to form.
4 Foundation.

5 THE WITNESS: No, definitely
6 not.

7 BY MS. FLOWERS:

8 Q. And if you continue down a little
9 bit, it says, the last sentence of the next
10 paragraph, "We'll continue working with parents,
11 experts, industry peers, and Congress to try to
12 improve child safety, not just on our services, but
13 across the internet as a whole."

14 Is that consistent -- is child
15 safety being first consistent with your experience
16 with Meta?

17 MR. CHAPUT: Object to form.
18 Foundation.

19 THE WITNESS: No, not at
20 all.

21 MS. FLOWERS: Let's look at
22 8, please.

23 (Document marked for
24 identification as (Meta) Lotte Rubaek
25 Exhibit 9.)

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CERTIFICATE

I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness.

It was requested before completion of the deposition that the witness, LOTTE RUBAEK, have the opportunity to read and sign the deposition transcript.



MICHELLE L. RIDGWAY,
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and Notary Public
Dated: April 4, 2025

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