

day 12 - 16 july 2004.txt

COMMISSION TO INQUIRE INTO CHILD ABUSE

HELD AT 145-151 CHURCH STREEET, DUBLIN  
ON FRIDAY, 16TH JULY 2004 - DAY 12

BEFORE

MR. JUSTICE SEÁN RYAN

CHAIRPERSON OF THE INQUIRY

ORDINARY MEMBERS:

DR. IMELDA RYAN, Consultant Child and Adolescent  
Psychiatrist  
MR. FRED LOWE, Principal Child Psychologist

I hereby certify the  
following to be a true  
and accurate transcript  
of my shorthand notes in  
the above hearing.

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MEMBERS OF THE COMMISSION PRESENT

REGISTRAR TO INVESTIGATION COMMITTEE: MR. BRENDAN REIDY

COUNSEL FOR THE COMMISSION: MR. NOEL McMAHON SC  
MR. FRANK CLARKE SC  
MS. KAREN FERGUS BL

Instructed by: MS. FEENA ROBINSON

FOR FR. FINTAN WHITMORE: MR. DAVID KEANE BL

Instructed by: MS. NICOLE DILLON  
PORTER MORRIS & CO.  
10 CLARE STREET  
DUBLIN 2

FOR MR. KEVIN STANLEY: MR. PAUL GOUGH

Instructed By: PEARSE MEHIGAN & CO.  
83/84 UPR. GEORGES STREET  
DUN LAOGHAIRE  
CO. DUBLIN

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MR. McMAHON

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1 THE HEARING RESUMED, AS FOLLOWS, ON FRIDAY, 16TH JULY  
2 2004

3

4 MS. FERGUS: I would like to call  
5 Fr. Fintan Brennan Whitmore  
6 on behalf of the Hospital or Order of St. John of  
7 Gods.

8

9

10 FR. FINTAN WHITMORE HAVING BEEN SWORN WAS EXAMINED,  
11 AS FOLLOWS, BY MS. FERGUS

12

13 THE CHAIRMAN: Good morning, Father.

14 1 Q. MS. FERGUS: Father, you are the current  
15 Provincial of the Order of  
16 St. John of Gods, is that correct?

17 A. That is correct, yes.

18 2 Q. I think you are going to give a brief outline, first  
19 of all, about your Order and its history and  
20 background in education in Ireland.

21 A. We were founded on the date that is given as our  
22 foundation would have been 1570 in Spain. Basically  
23 we would have been founded by a man who had a very

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24 checked career who had an experience of a breakdown  
25 in his own life and who basically tried to set up  
26 alternative ways of treatment or care for people in  
27 such predicaments. Our Order would have very quickly  
28 spread throughout the Spanish world and into the  
29 Italian world very shortly after 1570, and up through

1 Germany, Spain, Poland and France. We would have  
2 come to Ireland in the 1870's, at a time when the  
3 Church was under considerable pressure in France and  
4 the French Provincial was looking for two things.  
5 One, to expand into another part of the world, but  
6 also to have a place where if the worst things  
7 happened in Spain, the Brothers could come to in  
8 Ireland. We originally came to Co. Tipperary where  
9 we had a home for people who were physically  
10 handicapped, boys who were physically handicapped,  
11 and they would have been the sons and daughters of  
12 the sons and daughters of the famine and they would  
13 have had many birth defects. We didn't stay long  
14 there, I think mostly that was two to three years.  
15 These were five French men in the middle of  
16 Tipperary. In the 1870's life was very difficult for  
17 them, so they moved to Sandymount in Dublin for  
18 another two years before eventually moving to  
19 Stillorgan where we established St. John of God's  
20 Hospital in Stillorgan which has existed since the  
21 late 1870's, early 1880's. Basically, we would have

22 been an extension of the French Province until 1930,  
23 and many people joined the order and did their  
24 novitiate and their training in France and either  
25 came back to Ireland or England, where we also had a  
26 foundation. In 1930 we would have had a doctor  
27 general delegation, which is on the road to becoming  
28 an independent province, for Ireland and England. In  
29 1933 there was the Anglo Irish Province. In 1950 the

1 English Province was established and became separate  
2 from ourselves. We would have principally been  
3 involved in Ireland in mental health through St. John  
4 of God's Hospital.

5  
6 In the 1930's when we were establishing ourselves as  
7 a province, we moved into the area of learning  
8 disabilities, establishing two new centres at  
9 St. Augustine's in Blackrock and at Barvan Park in  
10 South London. The facilities that were built were  
11 actually quite the same in those two locations. From  
12 that in the 1930's we would also have been invited to  
13 make some response to people with epilepsy who had  
14 very severe epilepsy for which there was no specific  
15 centre or place at that time in the 1930's, and many  
16 people were falling and having all kinds of accidents  
17 on account of their epilepsy. So we established a  
18 place in Mulhuddard, which subsequently when the  
19 medication came in for epilepsy that no longer

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20 required a residential setting for people who  
21 suffered from epilepsy, that place was closed in the  
22 1950's.

23  
24 We would have established then various services for  
25 learning disabilities starting out in  
26 St. Augustine's, St. Mary's in Drumcar in Co. Louth,  
27 Celbridge in Co. Kildare. Then into the 1960's, we  
28 would have started with developing day services at  
29 Islandbridge particularly here in Dublin and

1 Glenageary also on the south side of the city. That  
2 has since expanded and mushroomed in the 1970's and  
3 1980's into various services that were not so much  
4 institutions but different homes, day centres, group  
5 homes and so on collected into different services  
6 representing regional interests.

7  
8 Since the 1950's, we would have been one of the first  
9 organisations to have established child guidance  
10 clinics beginning at Rathgar. Also, when we took  
11 over in the 1970's with the foundation of the Health  
12 Board, the catchment area of South East Co. Dublin  
13 for the community services, psychiatric services, and  
14 that would have included at that time also childrens'  
15 psychiatric services. So we have expanded since  
16 then.

17 THE CHAIRMAN: Thank you very much.

18 A. That fills you in.

19 3 Q. MS. FERGUS: At a later stage the  
20 Committee will be focusing  
21 their attention on a particular institution of yours  
22 which was St. Augustine's, and perhaps you might tell  
23 us a little bit about how many children went there?  
24 That is now closed, but between 1930 and 1996.

25 A. Sorry, no, St. Augustine's is not closed, it is still  
26 very much open. Originally the house that we had  
27 there in St. Augustine's was originally brought by  
28 the Order in 1923, and it served as a home for  
29 retired men and elderly persons really, elderly men.

1 That service was discontinued in 1930 and became part  
2 of St. John of God's Hospital and then we went into  
3 the learning disability field at St. Augustine's.  
4 Originally, and I am not sure about the precise  
5 numbers, but there could have been about 200 people  
6 there. What is interesting about St. Augustine's is  
7 that it developed as a service which had all  
8 different categories of learning disability and at  
9 that time the clinical field wasn't able to  
10 distinguish very well between the different  
11 categories of disability. As it moved on into the  
12 1950's and certainly into the 1960's, we identified  
13 different institutions as having a speciality, so  
14 St. Augustine's would have had the mild learning  
15 disability field. Then Celbridge would have had the

16 moderate learning disability and then St. Mary's.  
17 That is not to say there wouldn't be other people,  
18 but the concentration would have been in those, the  
19 speciality would have been in those particular areas.

20  
21 It would be true to say that St. Augustine's has  
22 moved from being an institution which had a school  
23 and initially the schooling had no recognition by the  
24 Department of Education because there was no category  
25 of child that was there that could fit in, but we ran  
26 a school environment for the children there. Then we  
27 did get recognition from the Department, so it became  
28 a school and, I suppose, St. Augustine's would have  
29 been an institution that had a school and then became

1 over the years what it is today, a school that has  
2 boarding facilities. Also, the campus has downsized  
3 over the years from being a big institutional  
4 environment to being a small school with a vocational  
5 component to it and also the residents now front out  
6 on to the road, so they are incorporated into the  
7 housing estate. That change has happened over the  
8 years.

9 4 Q. Perhaps you could assist the Committee with the  
10 timing and the manner in which allegations of child  
11 abuse emerged as an issue for your organisation?

12 A. Very good. I think it is important, first of all, to  
13 distinguish a few things. One is that since we were

14 involved with the care of children since the 1950's,  
15 and children who would be disturbed and children who  
16 would be needing a lot of care and attention from a  
17 mental health point of view, the fact of child abuse  
18 would not be unknown within our organisation. I am  
19 distinguishing that from actual accusations of child  
20 abuse by people within our organisation. There would  
21 be an expertise in dealing with people and providing  
22 clinical treatment and programmes of education for  
23 people who had various disturbances which either  
24 arose from or were contributed to by abuse, so that  
25 is one thing that we would have been aware of. Many  
26 of the people who worked within the Order, many of  
27 the people who were actually in the Order would have  
28 had a knowledge of the existence of abuse maybe that  
29 others would not have had at that time, because of

1 our clinical involvement in the treatment of people  
2 who were referred. I separate that from when any  
3 accusation came in about abuse by either the members  
4 of the Order or agents within the Order that happened  
5 within our institutions, that came about in 1996,  
6 would be the first time that certainly anyone can  
7 recall an accusation coming forward of this nature or  
8 that there is any record of having an accusation from  
9 within.

10 5 Q. In what form did they take?

11 A. Well, it came in the form of somebody writing to us,

12 to me principally, who was Provincial at the time.  
13 It also came in the form of our being named in  
14 processes or investigations or enquiries for data and  
15 material and so on and so forth. So it really came  
16 in a number of ways.

17 (1) People would write in to make an accusation.  
18 (2) We would be named by a solicitor or in a process  
19 or in some kind of search for documentation.  
20 (3) In relation to people arriving and saying, 'I  
21 would like to talk about something that happened when  
22 I was with you'. That is how it arose.

23 6 Q. How did your Order deal with these allegations?

24 A. From the very beginning what I did was I established  
25 a group, a small type group and at any one time there  
26 would have been at least four and possibly at maximum  
27 six people who would advise me in relation to these  
28 complaints as they came in and who would say what we  
29 were going to do about them. These would be mostly

1 people with clinical experience in this area, as well  
2 as our solicitors.

3 7 Q. THE CHAIRMAN: Are we talking  
4 psychologists, Father?

5 A. Yes, we are talking psychologists. We sat down and  
6 looked at what came in. Initially we would send out  
7 two people from the group, because we didn't want it  
8 to go much beyond that, so mostly from the group, to  
9 actually hear the story, to let the person speak and

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10 tell us what had happened. We always made it very  
11 clear to anyone that came forward in this context, to  
12 anyone that agreed to speak to us that we would take  
13 this very seriously. In other words, we are an  
14 organisation that was founded to care for and treat  
15 vulnerable people and people in all kinds of  
16 vulnerable circumstances. Therefore, any use of our  
17 organisation or any member within our organisation  
18 who engaged in activities which were actually the  
19 kind of activities that led to the very thing we were  
20 founded to ameliorate or cure or assist or treat  
21 would be a very, very serious breach, a primary  
22 breach of our mission and that we would take that  
23 absolutely seriously. We offered always at first off  
24 that the people could receive counselling, either  
25 from any of our own counsellors of their choice or  
26 that they could be referred to somebody if they were  
27 not comfortable with that outside of our own  
28 organisation and that we would ensure that that was  
29 done. These would be people after all who were in

1 our care and whom we would feel that we have a  
2 continuing interest in their welfare.

3  
4 The other thing that we told all people that came  
5 forward was that the best way to pursue their  
6 complaint was to bring it to the attention of the  
7 Gardaí and to report it to An Garda Síochána. We

8 also told them that we would be, in accordance with  
9 our own procedures, reporting the matter to the  
10 Gardaí, which we did in every case

11 8 Q. MS. FERGUS: Did you form any view that  
12 abuse occurred in your  
13 ... (INTERJECTION)?

14 A. No, we would then check through any data that we had  
15 in relation to when this person was with us, where  
16 they were with us and what was there in relation to  
17 their file and so on and so forth. We came by no  
18 data which was able to verify or establish as fact  
19 that which they were saying about abuse. In some  
20 cases the people that they named were deceased or in  
21 the case of people who were living, they said they  
22 had no recollection of anything occurring of this  
23 nature, so we were not in any way able to corroborate  
24 the statements that came forward.

25 9 Q. I accept you may not have been able to form a view as  
26 a fact, but did you form any broad view that may have  
27 led to your later joining in with CORI in the Redress  
28 Fund?

29 A. The reason why we joined with the redress

1 ... (INTERJECTION).

2 10 Q. THE CHAIRMAN: Before you get to that,  
3 Father, and it has come up  
4 a number of times and I think Ms. Fergus is touching  
5 on it there, obviously something comes in and it is a

6 complaint. As I say, many of the other people who  
7 have given evidence have talked to us about this.  
8 Looking back, what would you have expected to find  
9 that would in any way corroborate the complaint?

10 A. I expected to find very little.

11 11 Q. THE CHAIRMAN: I am sorry, that is not  
12 putting it the right way, I  
13 don't want to give the wrong impression. If one  
14 says, 'well, I looked back and I couldn't find  
15 anything to corroborate the complaint', I understand  
16 what you mean by that and, as I say, a lot of other  
17 witnesses have come and told us the precise thing,  
18 they looked back through the files. I am just  
19 thinking, if I were doing that, I am just wondering  
20 what would I be looking for that would tend to  
21 corroborate the complaint? In other words, what  
22 could there be in the files that would give me an  
23 answer one way or the other? Of course, you have to  
24 do it, I accept that entirely, you have to check  
25 back. Do you see my difficulty, I am not going to  
26 find a confession on it, I am not expecting to find  
27 that?

28 A. I think if there was widespread abuse at any one time  
29 or if it was known that there was abuse going on, I

1 would have expected and hoped that that would have  
2 come forward.

3 12 Q. THE CHAIRMAN: So there should be

4 something there, one would  
5 expect to find something there if there were  
6 suspicions or unease or discomfort or something like  
7 that about, let's say, a particular person or a group  
8 of particular persons, one would expect the other  
9 people there to be in some way recording a  
10 discomfort, an unease, whatever you say, you may be  
11 very specifically blowing the whistle, in other  
12 words.

13 A. Yes, I would expect that to be the case.

14 13 Q. THE CHAIRMAN: Okay, thank you very much,  
15 I understand. You are  
16 trawling back through the system in other words to  
17 see is there anything here that would alert me to the  
18 likelihood that people knew there was something going  
19 on at the time?

20 A. That's right.

21 14 Q. THE CHAIRMAN: That is what you are  
22 looking for?

23 A. Yes.

24 15 Q. DR. RYAN: Could there be more subtle  
25 signs, Fr. Fintan, in terms  
26 of the children themselves beginning to fail at  
27 school, presenting with unexplained physical  
28 ailments, those kind of things, were they looked at,  
29 can you recollect?

1 A. First of all, you have to understand that the nature  
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2 of the school in question is that it is a school for  
3 people with mild learning disabilities. One of the  
4 factors that pertains with mild learning disabilities  
5 is that most people know there is something a little  
6 bit not quite the same about them and they are very  
7 sensitive to those issues. Very often the actual  
8 treatment, the actual way in which the care happens,  
9 a lot of people have issues with the fact that they  
10 don't have the same intellectual abilities as other  
11 people, so from time to time in many people there  
12 would be disturbing psychological incidents anyway  
13 and they would be attending psychology and so on and  
14 so forth. I would expect that there would be  
15 something. It has to be said though that at one  
16 point in the history of St. Augustine's,  
17 St. Augustine's was trying to move away from its  
18 image as an institution and concentrate on its  
19 existence as a school. One of the decisions that was  
20 made, and subsequently the thinking is different now,  
21 is that nothing should remain on the record of  
22 somebody, save in the case of those people who had no  
23 parents, that would in any way not be kept in a  
24 normal school record. Like ourselves, one would  
25 hope, if I go back to my college, that various things  
26 that happened in my time at school would not be kept  
27 forever and a day on the books of the school if I  
28 received a discipline one day or something like that.  
29 So there would be very little in terms of

1 St. Augustine's on account of that particular fact,  
2 save in the case of people who were in our care  
3 because they had no parents and we were their  
4 guardians, then medical records and things would be  
5 kept on them.

6 DR. RYAN: Thank you.

7 16 Q. MS. FERGUS: Earlier on you said that  
8 since the 1950's, your  
9 Order has been aware of child abuse as an issue in  
10 general terms, so perhaps then you might be able to  
11 assist the Committee with what types of protocols and  
12 procedures your Order would have had in place to deal  
13 with child abuse?

14 A. When I say that, specifically let me explain that  
15 what I am talking about here would be referrals of  
16 people to clinicians for treatment in care. In many  
17 cases the data in relation to that would be  
18 sacrosanct to the relationship between the clinicians  
19 at the time. What I am saying is we are not an  
20 organisation that didn't know these things didn't  
21 exist because we would have clinicians who would be  
22 able to tell us and we all worked from time to time  
23 with people who had various disturbances.

24 17 Q. THE CHAIRMAN: Part of your work was  
25 treating people?

26 A. Yes, part of the work was treating people. One of  
27 the things that we have been involved in is the  
28 specific treatment of people who are either victims  
29 or perpetrators of abuse through the Grenada

1 Institute which arose out of our expertise and the  
2 explosion of this area. We would also have been  
3 involved not only in designing our own policies in  
4 relation to sexual abuse, and as it was called  
5 originally "non-accidental injury and abuse", and say  
6 the beginnings in modern times of doing that would  
7 have been in 1995 when we produced our own guidelines  
8 and policies in relation to that. We would also have  
9 been involved with other institutions in advising  
10 them in relation to how to manage abuse, how to treat  
11 abuse and the policy design around abuse, and would  
12 have conducted seminars for other organisations about  
13 the manner in which this should be done.

14 18 Q. They date from about 1995, are you saying?

15 A. Yes, the whole interest in that area, I think, would  
16 have come from the late 1980's, an awareness or  
17 people beginning to say 'maybe what we need here and  
18 maybe what we need to look at and maybe ways in which  
19 we need to advance is to look at this area of  
20 non-accidental injury and abuse', which included all  
21 kinds of abuse, policies around it and policies in  
22 relation to bullying and so on and so forth in  
23 relation to school environments and that sort of  
24 thing.

25 19 Q. Has your Order issued any public apology in relation  
26 to child abuse?

27 A. No, no. We have not been able to establish as a fact  
28 that what was said has actually happened. Therefore,

29

1           been no convictions, there have been no proceedings  
2           that have arrived at any court processes and so on in  
3           relation to that, and nobody has come forward with a  
4           confession that these things have happened or that  
5           they were perpetrators of these acts within our own  
6           organisation.

7

8           What we would say though, and I think what we have  
9           said in most cases, in all cases I would say if it  
10          were true that abuse had taken place, then it is a  
11          most regrettable thing and we would regret that any  
12          such happening could have happened or, indeed, that  
13          anything could have happened to people that would  
14          leave them disturbed as a result of being in  
15          treatment or in care with us or during their time  
16          with us.

17   20   Q.   Your Order did contribute to the Redress Fund?

18           A.   Yes.

19   21   Q.   You might assist the Commission as to why you did?

20           A.   There are a number of reasons. One is the way in  
21          which we felt a lot of this could go without  
22          something like the Redress Board was that it could  
23          get into litigation that would be an adversarial  
24          system, that the people who were coming forward with  
25          accusations were vulnerable people who had  
26          difficulties with life in general, and neither for

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27 themselves nor for ourselves or anyone else would a  
28 long process involving court appearances and denials  
29 and statements and so on and so forth have been

1 beneficial to anybody, so we felt that a process  
2 which would try to ascertain the truth without going  
3 through what could have been very difficult processes  
4 for all concerned would have been a better way to go.  
5 We also felt that we should act in solidarity with  
6 other religions at the time. The indemnity was also  
7 an attractive proposition. They would be the  
8 principal reasons.

9 MS. FERGUS: Thank you, Father.

10

11

12 END OF EXAMINATION OF FR. WHITMORE BY MS. FERGUS

13

14 THE CHAIRMAN: Thank you very much,  
15 Father.

16

17

18 THE WITNESS THEN WITHDREW

19

20 MS. FERGUS: Chairman, a representative  
21 of the Irish Deaf Society  
22 are next, but we might take a short break because  
23 interpreters are not quite ready and I think they  
24 have to be set up in a special place, so that might

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take a few moments.

26 THE CHAIRMAN: Very good.

27

28

29 SHORT ADJOURNMENT

1 THE HEARING RESUMED, AS FOLLOWS, AFTER THE SHORT  
2 ADJOURNMENT

3

4 MR. McMAHON: I want to call Mr. Kevin  
5 Stanley, who is Programme  
6 Development Manager of the Irish Deaf Society.

7 THE CHAIRMAN: Good morning, Mr. Stanley.  
8 I think the procedure,  
9 Mr. Reidy, is that, first of all, you will swear the  
10 interpreters and then you will swear the witness. We  
11 will start with the interpreters.

12

13 (THE INTERPRETERS, MS. BERNADETTE FERGUSON AND  
14 MS. AMANDA COOGAN, WERE DULY SWORN)

15

16 THE CHAIRMAN: We have the interpreters  
17 sworn now, so we will swear  
18 the witness.

19 MR. McMAHON: The interpreters will be  
20 able to assist Mr. Reidy  
21 interpreting what he has to say to the witness.

22 THE CHAIRMAN: That leaves us with the



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29

1 MR. KEVIN STANLEY HAVING BEEN SWORN WAS EXAMINED, AS  
2 FOLLOWS, BY MR. McMAHON

3  
4

5 THE CHAIRMAN: Thank you very much,  
6 Mr. Reidy. Thank you,  
7 Mr. Stanley, and thank you, ladies. Mr. McMahon,  
8 have you a clear view there or do you need to  
9 readjust your position?

10 22 Q. MR. McMAHON: I have a clear view now.  
11 Mr. Stanley, you are a  
12 member of the Irish Deaf Society, and you might  
13 indicate to the Commission the position which you  
14 hold in that society?

15 A. May I stand? It is handier to use sign language  
16 standing, if you wouldn't mind?

17 THE CHAIRMAN: Of course, whatever is more  
18 comfortable.

19 A. Thank you. I would like to take this opportunity to  
20 thank the Commission on behalf the Irish Deaf Society  
21 for inviting us to give a presentation here today. I  
22 work for the Irish Deaf Society and the Irish Deaf  
23 Society have some umbrella groups within our  
24 organisation, one of them is deaf survivors of abuse.

25 THE CHAIRMAN: Thank you very much,  
26 Mr. Stanley, you are most  
27 welcome.

28 23 Q. MR. McMAHON: Would you like to tell the  
29 Committee something about

1 how the Irish Deaf Society was set up, when it was  
2 set up and for what purpose it was set up. Then if  
3 you wish to move on to deal with the question of how  
4 the society became aware of the existence of abuse  
5 amongst members of your community?

6 THE CHAIRMAN: If he would like to start  
7 with the society and how it  
8 was set up.

9 A. No problem at all. First of all, the Irish Deaf  
10 Society was set up in 1981 by a group of deaf people  
11 themselves. At that time there was an awful lot of  
12 issues and difficulties facing the deaf community and  
13 a lot of new issues that mightn't have come up  
14 before. So the deaf group of people set up the  
15 society really to aspire to stop the discrimination  
16 that was happening for deaf people and really to have

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17 a look and investigate the barriers that were facing  
18 deaf people through their everyday life, and to  
19 examine policies of service provision for deaf  
20 people. At that time deaf people never had the  
21 opportunity to be involved in any policy making, we  
22 were very much excluded. Basically we set ourselves  
23 up as a representative organisation for the needs of  
24 the wider deaf community in Ireland. The Irish Deaf  
25 Society are led by deaf people for deaf people. We  
26 are an elected representative body by deaf people  
27 which happens yearly at our AGM. The Irish Deaf  
28 Society is also recognised by the World Federation  
29 for the Deaf and the European Union of the Deaf.

1 Both of those organisations are recognised by the  
2 United Nations and the European Union. So that is  
3 how we came to be involved with, I suppose, the  
4 stories of abuse that were being told by our members.

5  
6 Just to inform you as to how we became aware of abuse  
7 that was happening in the deaf community. First of  
8 all, I suppose the watershed on it was the RTÉ  
9 documentary "States of Fear" where there was actually  
10 a deaf witness who gave his story of abuse. In the  
11 Irish Deaf Society's magazine, the Irish Deaf  
12 Journal, there was also stories of abuse, and the  
13 Irish Deaf Society held two open meetings in the year  
14 2000 and 2001 to focus on the issues of abuse and

15 explore those within the deaf community. There were  
16 a lot of stories that came up through those open  
17 meetings of people either witnessing abuse or  
18 actually experiencing it themselves. We assisted in  
19 the setting up of a survivors group and this was  
20 really to give deaf people an opportunity to discuss  
21 things, their experiences and really to assist in  
22 part of the healing process, healing from the pain  
23 that they would have experienced. Also, at our AGM  
24 and in our annual report, there were stories or  
25 witnesses coming up there.

26  
27 The issue with deaf people is often, and why we have  
28 taken such an active role in this, is that often deaf  
29 people cannot access the wider information in

1 society, so we facilitate that kind of access. Deaf  
2 survivors have come to our AGMs and asked us  
3 questions about what the process is and how it is  
4 standing at the moment. Our role, we see, is to  
5 explain, full stop, what the situation is.

6  
7 We have also got a lot of anecdotal evidence within  
8 the deaf community. In social settings people relay  
9 their stories etc., because for deaf people, they are  
10 move comfortable in peer groups speaking of these  
11 kind of things and the social settings are an  
12 opportunity to disclose their stories. If I can add,

13 the deaf community that we represent are a linguistic  
14 minority, linguistic and cultural minority within  
15 Ireland. When I say that, what I mean is that Irish  
16 sign language, what I am using right now in front of  
17 you, is the first language of the deaf community and  
18 written English would be our second language.

19 24 Q. Mr. Stanley, if I may ask you, what consequences does  
20 that have for the deaf community in understanding or  
21 in accessing information and dealing with things  
22 generally and, I suppose, dealing with the Commission  
23 specifically?

24 A. The information available is not accessible to most  
25 of the deaf people because, as I said, it is all in  
26 English and written English form, in text form. The  
27 deaf community's first language is ISL (Irish Sign  
28 Language). So not being able to understand English  
29 text makes them unable to make formal complaints, for

1 example, or unable to make statements, and also  
2 unable to make decisions about what way to do things.  
3 It affects peoples' confidence very much so as well,  
4 and this is because of what happened in the deaf  
5 schools. This is where ISL was banned and this would  
6 have started from the 1940's onwards. Deaf children  
7 were not allowed to use sign language in school and  
8 the consequences of that were very serious.

9 25 Q. Can I stop you for a moment, Mr. Stanley. I think  
10 the Committee is aware, and indeed Mr. Stanley you

11 are aware, that there has been a difficulty in  
12 obtaining statements from members of the deaf  
13 community who are complainants before the Commission,  
14 I think you alluded to that yourself a moment ago in  
15 the evidence you have given. I think that difficulty  
16 is now being addressed and hopefully has been  
17 addressed, and the Commission hopes that such  
18 statements will now be furnished over the next month  
19 or so.

20 A. Yes.

21 26 Q. I think until such statements are received and  
22 processed, or rather once they are received and  
23 processed, the actual issues raised by the members of  
24 the deaf community as they pertain to the Commission  
25 will emerge, and, indeed, the statements can then be  
26 processed in the usual fashion and furnished to the  
27 relevant respondents. As a consequence of those  
28 issues not yet being identified, I think that we are  
29 somewhat constrained in what we can do today, but I

1 think there are particular difficulties which you  
2 wish to draw the Committee's attention to and which  
3 your society would hope that the Committee would look  
4 into. Would you like to deal with those in a general  
5 way Mr. Stanley?

6 A. Yes. The Irish Deaf Society would be more than happy  
7 to work with the Commission on any of those issues  
8 and the difficulties that we have had. Our aim is to

9 solve those particular issues and we can use our  
10 experience maybe with your experience. We know what  
11 the issues and the problems are that are out there.  
12 We would be very much aware what deaf victims need  
13 and we have a very good understanding of how possibly  
14 to solve these, how to meet and answer the needs of  
15 deaf victims and to face the difficulties that they  
16 have had previously, because, as I said, we are the  
17 true representative of the deaf community here in  
18 Ireland. Many of the deaf victims or survivors are  
19 screaming for justice and they fully expect the Irish  
20 Deaf Society to take a role within this process.  
21 They are counting on the IDS's support.

22 27 Q. You have mentioned that the deaf society through  
23 various channels that you have referred to has become  
24 aware of the existence of abuse having occurred to  
25 various of your members and I think that there are  
26 areas specific to your community also. Would you  
27 like to speak in general terms of the sort of issues  
28 that you have identified and which you feel will be  
29 of relevance to the investigations of the Committee?

1 A. Yes. Firstly, the deaf community is a very specific  
2 group of people and I would suggest different to  
3 other groups, as I said, because we are a cultural  
4 and linguistic minority fundamentally. As I said,  
5 oralism was introduced in school and the banning of  
6 sign language was a consequence, and that had a lot

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7 of consequences for deaf children. One of the  
8 consequences was abuse and that is directly linked,  
9 as I said, to the introduction of oralism and the  
10 banning of sign language which that led directly to  
11 some physical abuse instances, emotional abuse and  
12 neglect. The educational standards plummeted when  
13 oralism was introduced, and we have scientific  
14 evidence of this. There was a survey done recently  
15 showing that 80% of deaf adults have literacy issues  
16 and this is directly linked to their educational  
17 experience. We have research on poverty within the  
18 deaf community.

19 28 Q. THE CHAIRMAN: Could I stop you for a  
20 second?

21 A. Because of low employment.

22 29 Q. THE CHAIRMAN: Sorry. As I understand it,  
23 the question of the change  
24 from sign language to oralism, which is lip reading  
25 and that method of speaking?

26 A. Yes.

27 30 Q. THE CHAIRMAN: That was a policy decision?

28 A. Yes.

29 31 Q. THE CHAIRMAN: I anticipate that there may

1 well be a debate about  
2 whether a policy decision, be it right or wrong, is a  
3 matter for us as a Commission to inquire into abuse.  
4 Obviously, we are not going to decide that yes or no,

5 it is or it isn't, without giving everybody a chance  
6 to debate that.

7 A. Certainly.

8 32 Q. THE CHAIRMAN: I just want to say I  
9 understand that the society  
10 would wish us to engage in that inquiry, but I also  
11 can imagine that the Department might well say that  
12 is none of our business because it does not properly  
13 relate to abuse. So can we just say we understand  
14 that that issue is something the society wants to  
15 have investigated. If it is properly within our  
16 remit, we will do so, but before deciding on that, we  
17 have to give the other party or parties involved an  
18 opportunity of coming back to us and saying whatever  
19 they want to say about whether it is or is not within  
20 our remit.

21 A. I fully understand what you are saying and I  
22 understand the issue of the rights and wrongs of a  
23 specific policy. I suppose that is not a separate  
24 issue to what has happened and been experienced by  
25 our community, because what would have been suffered  
26 is lack of access to information, to a first  
27 language, emotional abuse because of that.

28 THE CHAIRMAN: I understand.

29 A. Adults, we would see, would have a consequence of

1 psychological and mental health issues as a  
2 consequence of that would be very serious issues

3 within the deaf community. We would suggest that all  
4 of this points to the policy change within the  
5 education of deaf people. I do agree that we cannot  
6 claim one policy is better than another, and I  
7 realise that the Department of Education may not  
8 agree, but we would claim that there is actual  
9 factual evidence out there of consequences and  
10 certainly that deaf people were abused. That is  
11 taking the Committee's definition of what abuse is.  
12 You talk of physical abuse, you talk about emotional  
13 abuse, neglect and sexual abuse.

14 THE CHAIRMAN: Thank you very much, I  
15 understand. If we can  
16 leave that now, if we can leave the question of sign  
17 language versus oralism and that change on one side,  
18 I quite understand and I think we have identified  
19 what the positions are. I understand that perfectly  
20 well. I think we can leave that and I will ask  
21 Mr. McMahon to move on to another area. Thank you  
22 very much.

23 33 Q. MR. McMAHON: Leaving that area aside, I  
24 think your awareness from  
25 accounts which you hear anecdotally and otherwise  
26 within the society indicates that there were other  
27 forms of abuse experienced by your members also.  
28 Again, when the statements are furnished, the  
29 Committee will be in a position to deal with those

1 allegations in the ordinary way and I think you are  
2 aware of that?

3 A. Yes, I fully understand the importance of the  
4 statements having to be furnished to the Committee.  
5 The fact that they have not yet been furnished is  
6 also evidence of the difficulty of our experience by  
7 the deaf community, a lot of deaf community members  
8 would have a lack of confidence in, I suppose, going  
9 through this kind of procedure and there is a dearth  
10 of access to this kind of procedure and the  
11 information necessary. A lot of deaf people would  
12 have difficulty in relaying their story and also in  
13 writing down their story in English. As I said,  
14 English would very much be a second language to most  
15 deaf people. Deaf people would prefer to give  
16 statements in what is called their 'preferred  
17 language'. The deaf community is different, I would  
18 suggest, from other hearing survivor groups. It  
19 seems that hearing survivor groups are very much able  
20 to make their statements and to speak out. For the  
21 deaf community this has not been the case, it has  
22 been quite difficult. I would suggest it is because  
23 of the lack of access for deaf people to the process,  
24 and perhaps the Committee can find a way to solve  
25 this inaccessibility problem.

26 34 Q. Mr. Stanley, the difficulties to which you relate,  
27 are they confined to difficulties of simply obtaining  
28 interpreters or do those difficulties go beyond that?

29 A. Apart from the difficulty of access, there is very

1 serious difficulties with sign language interpreters  
2 because there are not enough interpreters. At the  
3 moment we have 25 qualified interpreters to cover the  
4 whole of Ireland and that would cover 5,000 deaf sign  
5 language users. So 25 interpreters, as you can  
6 imagine, does not stretch. If we compare it with  
7 Finland that has a similar population, roughly they  
8 have 350 sign language interpreters.

9 35 Q. Yes. Do your difficulties go beyond that? You  
10 mentioned that the deaf community frequently has  
11 difficulty accessing the materials which are  
12 available from the Commission and from elsewhere,  
13 what are the reasons for that? Is it confined to a  
14 difficulty reading the documentation or does it  
15 extend to interpreting what the meaning of the  
16 documentation is?

17 A. The information available is all in written text and  
18 with a lot of technical words, jargon I might  
19 suggest. I think one of our options may be to  
20 translate those into a more plain and simple English  
21 and that could make it more accessible, but I don't  
22 think that would be completely the answer. The best  
23 answer to allow deaf people to make statements is  
24 through videos, if that would be possible through the  
25 Commission. The Irish Deaf Society have experience  
26 in how to make statements on video and we would be  
27 happy to give that information to the Commission.

28 THE CHAIRMAN: That sounds perfectly  
29 reasonable, doesn't it

1 Mr. McMahon?

2 MR. McMAHON: It is certainly a matter  
3 which perhaps will be  
4 looked at.

5 THE CHAIRMAN: That does not seem  
6 impossible, we would be  
7 able to do that. I think we would be happy to look  
8 into that.

9 36 Q. MR. McMAHON: Are there long-term  
10 objectives which you would  
11 hope to achieve through the Commission on behalf of  
12 the deaf community?

13 A. Yes, definitely. The deaf community have suffered  
14 for a very long time. We really are the silent  
15 victims. As I mentioned before, there is a lot of  
16 difficulty in expressing experiences and at the end  
17 of the day we are looking for justice. We would like  
18 what happened to the deaf community to be  
19 acknowledged and I think it is very, very important  
20 for the State to be aware that this has happened here  
21 and that some forms of abuse are still occurring to  
22 this day. I really hope that this can lead to a  
23 positive after effect that will benefit the deaf  
24 community in the long run. For example, the  
25 recognition of Irish sign language in the Irish  
26 Constitution would solve many, many of the deaf  
27 community's problems. For example, it would solve  
28 the problem of lack of sign language interpreters and

29 it would improve educational opportunities for deaf

1 people. Our standard of education in comparison to  
2 European schools and America is very, very much  
3 lower. What we want is an equity, we believe that we  
4 can have an equal educational standard with our  
5 hearing peers, and we can fully participate in  
6 society to stop the kind of discrimination that has  
7 been experienced, the barriers that we faced and the  
8 exclusion that we faced. So overall that would be  
9 our aim. We would really hope that this would happen  
10 sooner rather than later.

11 37 Q. Is there anything else further you would like to say,  
12 Mr. Stanley, or does that encapsulate it?

13 A. I think that the deaf community certainly need more  
14 support maybe from the Commission and from other  
15 bodies as well. As I said, our survivors group are  
16 having great difficulties at the moment because they  
17 don't have their hands on enough resources to  
18 facilitate their work. Another large difficulty for  
19 us is we don't have an appropriate counselling  
20 structure in Ireland for people to attend  
21 counselling. There is no professional in Ireland  
22 that has full understanding of the needs of deaf  
23 people who need to attend counselling. As I said,  
24 the reason is that our first language is ISL (Irish  
25 Sign Language) and professionals in that field do not  
26 have full access to ISL or understand how to deal

27 with somebody whose first language is sign language.  
28 We all know the importance of the relationship  
29 between a counsellor and their counslee and the

1 empathy and sympathy that needs to go on within that  
2 relationship. There is a brilliant structure in the  
3 UK and the USA for counselling service for deaf  
4 people and counselling for all different kinds of  
5 issues. In those countries they even have deaf  
6 professionals who are counsellors, which is a huge  
7 benefit to deaf communities there. Unfortunately, we  
8 don't have any such thing as this in Ireland. We  
9 would hope to really get a move on with that type of  
10 thing.

11 38 Q. When you refer to the absence of professionals in the  
12 area of counselling who are fluent in ISL, are there  
13 other professions also which are not represented or  
14 do the other professions have a fluency in ISL which  
15 can be directly accessed by members of the community,  
16 or what is the position as regards the other  
17 professions?

18 A. Well, we can say that deaf people may go to  
19 professionals looking for help because they have  
20 nowhere else to go, they have no other choice of a  
21 better service. There is only the one service that  
22 is available. If there was other better services  
23 that met deaf peoples' needs, they would certainly, I  
24 think, go en masse to those services. We receive an

25 awful lot of stories from our members and information  
26 about their unsatisfactory experience of services and  
27 some people pull out of those services, which is worse  
28 I think. We can say that deaf people can become  
29 counsellors ourselves. We have no qualifications,

1 but we have an understanding of the problem and an  
2 empathy. For example, in my role as Programme  
3 Development Manager in the Irish Deaf Society, deaf  
4 people come in off the street very often if they have  
5 difficulties, if they have problems, and I may refer  
6 them on to different services but they are not  
7 willing to access hearing services, so all that we  
8 are faced with doing is giving them support in  
9 whatever way we can as a society, but it is not the  
10 right way, it is not a satisfactory answer. We would  
11 much prefer that there is a professional counselling  
12 services available on the lines of what is happening  
13 in the UK and the USA available here in Ireland.

14 39 Q. THE CHAIRMAN: We would, obviously,  
15 sympathise with what  
16 Mr. Stanley is saying, but it is only fair to say  
17 that the establishment of the Commission was one part  
18 of a package announced on 11th May 1999. Another  
19 separate package was a national counselling service.  
20 In all fairness, while we can help as much as we can,  
21 people who are participating in this process, I would  
22 be giving a misleading impression if I were to

23 indicate that there is something we can do about  
24 providing national counselling services. Obviously,  
25 we are sympathetic, but it is really something that I  
26 am sure Mr. Stanley and his society have been trying  
27 to get from the State as a whole. Anyway, obviously  
28 it is interesting to hear about it, but it is not  
29 specifically something that we can deal with, but we

1 will, of course, facilitate as much as possible when  
2 it comes to participating in our work.

3

4 Having said that, if it is all right could I move to  
5 something completely different and ask Mr. Stanley  
6 how many deaf people are there in the State, what  
7 sort of numbers are we talking about?

8 A. First of all, there is no official survey or a census  
9 of how many deaf people are in the State, so we can't  
10 tell you exactly. We use the international standard  
11 and this says that one in every 1,000 people in the  
12 country are deaf. We will say in Ireland, if we take  
13 the whole country, 5 million, so there would be about  
14 5,000 deaf people in the State, in Ireland. When I  
15 say 5,000 deaf people, we also call them Irish sign  
16 language users, deaf people are Irish sign language  
17 users, but there would be an awful lot more people  
18 with hearing loss within the country, hard of hearing  
19 people, deafened people, people who as adults went  
20 deaf. The specific answer, I am afraid, I can't tell

21 you as to how many exactly.

22 THE CHAIRMAN: Thank you very much.

23 MR. McMAHON: Thank you very much,

24 Mr. Stanley.

25 A. You are very welcome.

26 40 Q. MR. LOWE: Just as a question from my  
27 own curiosity, did Irish  
28 sign language develop or was it created by a  
29 particular person?

1 A. A very good question. Really ISL (Irish Sign  
2 Language) has been there for a long time. I am  
3 trying to give you the specific or the short answer.  
4 First of all, in general sign language has been there  
5 long before spoken language even. ISL came to be  
6 developed naturally within the deaf community here in  
7 Ireland and around the access of school, the  
8 establishment of the schools. Sign language  
9 development slowly, first of all, it developed  
10 officially in Spain, in France, in the UK, in the  
11 USA, and we were certainly influenced in this country  
12 by those countries. Around the 1800's the  
13 formalisation of sign language started with the  
14 educators of deaf people, because they realised the  
15 best way to teach deaf children was through sign  
16 language. So ISL itself developed very naturally,  
17 along the lines of the way spoken languages develop  
18 very naturally with fluency and use of the language.

19 MR. LOWE: Thank you.  
20 THE CHAIRMAN: Very good, thank you very  
21 much indeed, Mr. Stanley.  
22 Thank you for your help and for coming to tell us  
23 about your society and those issues.  
24 A. Thank you very much.  
25 THE CHAIRMAN: Mr. McMahon, we next have  
26 hearings on?  
27 MR. McMAHON: Wednesday morning at 10:30,  
28 hopefully 10:30.  
29 THE CHAIRMAN: Or as near as can be.

1 MR. McMAHON: That is Wednesday, 21st.  
2 THE CHAIRMAN: We plan hearings for  
3 Wednesday, Thursday and  
4 Friday.  
5 MR. McMAHON: That's correct.  
6 THE CHAIRMAN: I think that is when we  
7 plan to end this phase of  
8 the hearings into the emergence, isn't that right?  
9 MR. McMAHON: That is the plan, yes.  
10 THE CHAIRMAN: Very good, thank you very  
11 much until then.

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THE HEARING WAS THEN ADJOURNED UNTIL WEDNESDAY,  
21ST JULY 2004 AT 10:30 A.M.

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