Royal Commission
into Family Violence

WITNESS STATEMENT OF STEPHEN JOHN LILLIE

I, Stephen Lillie, counsellor, of 2 Day Streets, Windsor, in the State of New South Wales, say as follows:

1. I am authorised by Hawkesbury District Health Service to make this statement on its behalf.

2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

3. I am currently the men's health Coordinator at Hawkesbury District Health Service. This is the only full time men's health worker position within the health system within Australia that I am aware of.

Background and qualifications

4. I have been working in the health system for around 17 years. My background is in drug and alcohol counselling and support. I have worked in, health promotion, and counselling.

5. Between 2000 to current, I worked as Alcohol and Other Drugs Counsellor/ Mens Health counsellor

6. Between 1988 and 2000, I worked as Cabinetmaker.

7. I am a Certified Addictions Counsellor at The Australian Institute of Counselling in Addictions NSW in 2000, Graduate Diploma of Gestalt Therapy 2004, Certificate III, and IV in frontline management 2012

Hawkesbury District Health Service

8. Hawkesbury District Health Service is a privately run hospital with a contract to deliver public health services through Nepean hospital. We are currently owned by

Catholic Health Care services. There are only a small number of hospitals in Australia that are operate in this way.

9. We are a comprehensive healthcare service which provides inpatient, outpatient and community health care to the people of the Hawkesbury. The service has a 24 hour emergency department, 127 Bed teaching hospital with four operating theatres and day surgery unit.

10. We provide extensive community health care services and allied health services including counselling; community nursing; speech, physiotherapy and occupational therapies; child and family health; and Aboriginal health and men's health services.

11. We find that because we're smaller and have more autonomy than the larger health services that we are able to rapidly implement programs which directly address needs within the community. Our colleagues at larger health services can design the same systems that we can design, but because of our size, we are able to implement systems, programs and support much more quickly. For example, when we identified the need for a dedicated men's health worker within the service, we were able to fulfil the need quickly.

Role of the men's health worker

12. The general manager of the service, Peter Blanchard, is a strong men's health advocate and in 2006 he created the dedicated men's health worker role. The role is the only full time men's health worker in the health system in Australia. There are specific support and health worker roles set up to assist women within the health system, but not for men. It's not a competition, but we have two different jobs to do and different needs to respond to.

Male perspectives on counselling

13. Most men come to counselling because they have become stuck in their life, when they become stuck, they are coming for an intervention. They usually just don't know what to do, they just want somebody to help them fix being stuck. There's a difference within the genders between how men and women deal with problems, and their goals for counselling are very different. Men will fix one problem and move on. Men aren't too focused on improving, they just want to fix the situation (generally speaking). If I can have a man on the phone for three or four sessions,

I've done a fantastic job. Whereas in women's counselling, you might have a client who will stick around for 12 months.

Men's Health Services at Hawkesbury

14. There are a range of different programs we provide to men who attend men's health services at Hawkesbury, as outlined below:

Mens Health Check

15. 'Health checks for fathers' is a program we run to assist men accessing health services. There are two forms to fill out, and usually the wife fills out the forms and gives it to the husband who takes it to the GP. The GP then makes their assessment based on the information on the forms. The program works because usually there is poor communication between the man and the doctor, and the form communicates for them. The forms are simple check lists that list likely questions they will be asked by the doctor and list common medical issues for men within certain age brackets. The forms help facilitate men's access to health services. **Attached** to this statement and marked '**[SL-1]**' is a copy of 'Men's Health Check information sheet' and **attached** at '**[SL-2]**' is a copy of 'Men's Health Check questionnaire'.

Dads 2 Bee

16. Another project we run for men is the 'Dads 2 Bee' program, which is facilitated through the Hawkesbury six week anti-natal classes. The anti-natal classes are run for both mothers and fathers, but we have found that if we speak to the men without their partners, we can have a successful counselling and information sessions about issues specific to becoming a dad. **Attached** to this statement and marked '**[SL-3]**' is a copy of 'Dads 2 Bee' brochure.

17. We "hijack" the fathers on the fourth night of the six week class and take them to a private room and provide them with health information and counselling they have no idea of this event happening. The session takes them through the male specific aspects of what it's going to be like to have a child, and what their expectations are of becoming a father. We talk about different aspects of being a dad, like post-natal depression, and what to do if the in-laws turn up unannounced. Once you get the fathers in the room, you can't get rid of them, they want to keep talking. We have mothers at the door saying that they want to go home and the fathers want to

talking. You've just got to get them in there in the first place. If we told them we were going to take them to a counselling session in advance, they wouldn't come, but once they are there, they feel validated that there are other men who have the same issues and worries. It's a fantastic intervention.

Domestic violence yellow card program

18. The other project we run is the Domestic Violence Yellow Card which came about in partnership with the Hawkesbury Area Command, NSW police service in 2011. The Hawkesbury DV yellow card is the only police run service in New South Wales to have a follow up system for men experiencing family violence. In the case of a male victim of family violence, all other police stations refer male victims directly to Mensline. The issue with that is that Mensline aren't a dedicated line to assist victims of violence as a cold call. It also places the onus on the victim to make the call, and men often won't take that step. Often they don't know what to say. Whereas with the yellow card, there is the cold call to the man which takes the pressure off him to make the call.

19. DV yellow card referral comes to me directly, (the victim has previously filled this yellow card out giving to the general duties police office as this is the consent for follow up), and the details of the male victim are put onto our Chime computer system. I then do a cold call to the person to discuss support and assistance options. The person doesn't know the call is going to happen, which is the really important part of the process. In my experience, 50% of the time, people are happy to chat, and the other 50% say "no, everything's fine", but by the time I have them on the phone for another minute, they're quite happy to talk. The validation of being heard is quite significant in that process.

20. In order to accommodate men's work and other commitments, my peak time to make the cold calls is from about 3.30 onwards. If the man can take a call during the day, they'll walk out of the office, or he'll take it during the lunch break. I don't have a great deal of luck booking face to face counselling with clients unless they're unemployed. We do have a Thursday night clinic where they can make an appointment, but men tend to be caught up at work and it's easier to catch them on the phone when they're at work. I would say 60% of my counselling services are done on the phone in men's work hours because they can't make it to a 9 – 5 service because of work. The way we run the counselling service is very different to a normal counselling health service.

Initial police response

21. When the Hawkesbury police attend a family violence incident where there is a male victim, they obtain DV yellow card consent from the victim. When the DV yellow card comes through, it's a summary of what the general duties officer has chosen to write. They can be very brief in their description, such as "person attacked with fork, relationship issues, two children", or "punch up between person of interest and victim, one hospitalised" and that's all I have to work. So it is difficult to get accurate data and statistics through these descriptions. The form is passed from the general duties officer to the domestic violence liaison officer DVLO and is faxed to me. .

22. There is an inconsistency in the referrals we receive depending upon the domestic violence officer, depending upon how passionate they are about men's rights and their position. And then it also depends upon what the victim wants to communicate to the general duties officer. The domestic violence officer in the police force might go on maternity leave, or the officers rotate and there is a change in positon. One success of ours is the officer who started with the program was very passionate about men's and women's rights, so the referrals go up when she is in the role, but when someone else steps into the role, the referrals plummet.

23. There are a number of incidents that are not reported this depends on the police offices discretion at the event.

24. The DV yellow card program for males follow up hasn't been rolled out to other police stations as there aren't men's health workers for other areas to support police stations to pick it up. This is where everything falls down for men's health, because the services are just not there. This has meant that we haven't been able to collect recent data on the DV yellow cards because the systems aren't set up to facilitate widespread use.

12 month snapshot of the DV yellow card

25. In 2011, a snap shot was taken of 36 male victims who were referred to the DV yellow card program this is reflected to 1:5 male victims to female. **Attached** to this statement and marked '**[SL-4]**' is a copy of 'Fatherhood Research Bulletin 26' which lists a review of the data.

26. In my experience, around 50% of the incidents of family violence reflected in the snapshot are from blended families. We see a large number of incidents of adolescent violence against their step-fathers within a blended family context. There might be step children involved, the mum has re-partnered and the violence occurs because the step-dad is trying to parent children who are not in his bloodline. There might be a 15 year old or an 18 year old who is trying to establish themselves when another male is introduced to the family. The mothers are quite protective of the adolescents, which complicates matters. The mothers don't want to be disloyal to their new partner, but equally, they don't want to be disloyal or to their child. This situation would likely escalate to a family counselling scenario. Family counselling is expensive, and there are economic barriers for some people who are disadvantaged, or in blended families, to access family counselling services. There is also a difference between counselling a family and providing a structure for a family. You need to get a structure around a family before counselling will work. The difference between providing family counselling and providing a family structure is like the difference between buying a new car from scratch or working on the broken car in the shed. One is creating new systems and directedness, the other is working on existing issues. The structure is provided through case work, case management, and directedness.

27. Another common scenario we experience with male victims of family violence is when a 45 year old male moves back into the house, and won't assist with bills or rent, so there is economic abuse and emotional abuse. In these situations, the perpetrator often uses guilt tactics, "if you really loved me you wouldn't make me pay rent". The adult child might be harassing dad and dad can't get him out of the house. Sometimes we've had to cut the electricity and send the dad to stay at a friend's house for a couple of days until the 45 year old leaves. There are ways to deal with incidents which result in a yellow card that don't require an intervention order, or an intervention order isn't appropriate. When we see these kinds of cases of financial and/or elder abuse, we can refer the parent to our chronic complex and older adult counsellor at Hawkesbury.

28. In terms of drugs and alcohol, our experience is that it usually isn't the root cause of the family violence. Police can attend someone's house for an incident of family violence, and one person may be intoxicated, but when you get down into the issue, the causing factor isn't alcohol or drugs. It might just be relationship problems. There are instances where the female partner is intoxicated and is violent towards

the man. Often I have males say to me, "she was hitting me and I didn't want to hit her back but I didn't know how to restrain her." So in my experience the males that I have spoken to have a values system not to hit women but they didn't know how to restrain their female partner. In that instance, the DV yellow card would simply say, "person of interest intoxicated, father with children." So often drugs and alcohol aren't the root issue, it could be family law issues or relationship issues at the core of the violence.

Lack of men's health services

29. Men's health is not supported the public health system, it's done by private practitioners or corporate health, such as Movember, Beyond Blue or Black Dog. There is nobody on the floor in a public setting with a generalist men's health service and there are no day or afterhours services for men. The consequences of that is that anyone who comes into the system who doesn't have funds and can't afford private counselling doesn't get support.

30. The national domestic violence hotline doesn't accept calls from men. It's generically a female service, if you call up as a male victim of domestic violence, they basically tell you 'we can't help you'.

Appropriate provision of services for men

31. Across the board, clients who access services will be the same, the people who phone the police will be the same, but the internal systems need to change to reflect a men's health need that is not being met. If you had a door that is labelled 'men's health', then people will say, "I'll go through that door now" but the doors don't exist. My position is just a re-labelled position that we already had, but the naming of the position men's health worker is really important.

32. In terms of the provision of health solutions, what men want is very different to what women want. A clear example of this is Movember which has gone from a small charity to worldwide organisation. You have to think about how men respond to health services and issues, and meet them where they are. The services need to be specifically targeted to men, or they won't take them up. If you want a change, you need to make a space for these men to go to make the change. If there's nowhere to go, the change can't happen.

33. Men won't come in to counselling with a feelings based approach. They want the problem fixed. They say "I might be angry but I want the problem fixed." You can't create a men's service based upon a women's service, because they need different kinds of support.

Recommendations

34. There is a big difference between male perpetrators of family violence and male victims of family violence. When you look at male to female violence where the male is the perpetrator, men have to go into the criminal justice system to get services and support, whereas there are support systems in place for the female victim of family violence. There is no equivalent for male victims of family violence. The part that's being missed is that male perpetrators of family violence need to have an intervention before they are part of the criminal justice system.

35. The way the DV yellow card is filled out is purely up to the general duties officer, or what they have capacity to do. Sometimes they are not men's health advocates and won't follow up with a DV yellow card. Sometimes they are just too busy, they have to work for 12 hours and then go back to the station and fill out paperwork. That is a systems issue. I'd like to see more of a consistent way for the police to support both male and female victims of domestic violence.

36. There are no support groups available for men's health. Basic support for males is missing in the public sector. A lot of males don't call for help, which is the beauty of the yellow card system, because it forces an intervention and provides an opportunity for the men to speak. We often find that men won't take the first step for finding help. That's why the service works where there is a cold call, and the counsellor says, "G'day mate, how are you going? What do you need?" It needs to be coming from inside the fence from a worker to engage and meet the men where they are. Men are also high uptakes of health services and DR'S but the problem is they leave it to late when the problem is really broken the opposite of primary health care.

37. A good model which recently lost its funding was Dad's in Distress. Dad's in Distress was a group that was run out of Coffs Harbour, which was a support group for men who were going through the family court system or a separating from a partner and weren't being supported. The program had a hotline that men could ring and speak to volunteers on the phone, and say, "I'm going to the family law

court, I don't know what's going on," or "I'm not seeing my children". There were three different locations for support groups for men, as well as one for women, called 'Mother's in Distress', who were experiencing the same issues. But this program lost funding. Funding for these kinds of programs is essential to continue to support men suffering from issues specific to men.

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Stephen John **Lillie**

Dated: 10 August 2015

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10/8/15.