

3 July 2023

Mr Tim Roy  
Acting Deputy Commonwealth Counter-Terrorism Coordinator  
Counter-Terrorism Coordination Centre  
Department of Home Affairs  
PO Box 25  
Belconnen ACT 2616

Submitted via email to [AVTOPPrinciples@homeaffairs.gov.au](mailto:AVTOPPrinciples@homeaffairs.gov.au)

Dear Mr Roy,

***Submission to the Review of the Social Security (Australian Victim of Terrorism Overseas Payment) Principle 2013***

The Australian Psychological Society (APS) welcomes the invitation to contribute a submission to the review of the *Social Security (Australian Victim of Terrorism Overseas Payment) Principle 2013* (the AVTOP Principle) which is due to sunset on 1 October 2023. We commend the Australian Government for undertaking a review of the AVTOP Principle before the development of a new instrument to ensure it adequately achieves its purpose of assessing and providing claims for financial assistance under the AVTOP scheme.

At the APS, our core mission revolves around enhancing the wellbeing of all in our society. We are informed by the United Nations' Sustainable Development Goals, which champion inclusivity, social equity, and the empowerment of marginalised and vulnerable groups<sup>1</sup>. By advocating on behalf of our members and the community, we strive to bring about meaningful reforms in Australian health and social policies and systems. Our overarching objective is to ensure equitable access for all to quality, evidence-based services that promote health and well-being through proactive measures, prevention, early intervention and treatment.

The APS understands that the Australian Victim of Terrorism Overseas Payment (AVTOP) scheme was established under Part 2.24AA of the *Social Security Act 1991* (Act) in 2013 to provide financial assistance of up to \$75,000 to Australian residents who are harmed, or whose close family member is killed, in a declared overseas terrorist act. We note that<sup>2,3</sup>:

- The AVTOP Principle was made under the Act to outline the eligibility criteria and the quantum payable if an applicant is deemed eligible under the scheme.
- The scheme does not provide immediate payment to victims of terrorism. Primary victims have 2 years to submit a claim once their injuries stabilise and the full impact is clear. Secondary victims have 12 months after the passing of a close family member to make a claim.
- AVTOP complements other forms of government assistance available for victims of overseas terrorism, including the Australian Government Disaster Recovery Payment, Disaster Health Care Assistance Scheme, and consular/repatriation aid.

On review of the AVTOP Principles and Schedule 1, the following comments are provided for your consideration:

- We note from the correspondence that any changes to the cap of \$75,000 per eligible claimant requires legislative amendment, and therefore, is out of scope of the current review.

We urge the Government, however, to commit to a review of the existing price cap due to the significant passage of time and changing economic landscape since the initiation of the AVTOP scheme in 2013. A price cap review is essential to ensure that the AVTOP Principle adequately serves its intended purpose of financially assisting victims who have suffered injuries as a direct result of terrorist acts and which can significantly impact their rights to health and an adequate standard of living<sup>2</sup>.

- In Schedule 1, the AVTOP Schedule of Injuries, we note the inclusion of moderately and severely disabling and chronic psychological or psychiatric conditions. It is crucial to recognise that psychological or psychiatric conditions which have acute or episodic presentations can follow the experience of a traumatic or stressful event, such as a terrorist attack, and cause considerable impact on victims' functioning. For instance, Acute Stress Disorder may manifest within three days to one month after a traumatic event evident by symptoms of intrusion, negative mood, dissociation, avoidance and/or arousal. These symptoms can cause substantial distress or impairment in social, occupational, or other areas of functioning<sup>4</sup>. The evidence to date suggests the prevalence of Acute Stress Disorder in victims of terrorist attacks is between 12.5% to 47%<sup>5-7</sup>. As a further example, anxiety and major depressive disorder can also develop as a consequence of terrorist attacks. Up to one-third of primary victims may be affected by these conditions, with varying long-term outcomes, ranging from enduring to episodic to recovered states<sup>8,9</sup>.

We strongly recommend revising the psychological and psychiatric categories in Schedule 1 to ensure that all victims of overseas terrorist attacks who have experienced psychological or psychiatric harm can access the AVTOP scheme. The nature of the condition, whether enduring or episodic or recovered, should not be a barrier to eligibility. Similar to the assistance provided to victims with lasting or recovered physical injuries outlined in Schedule 1, it is justifiable to extend equitable access to the scheme for victims with enduring, episodic, or recovered psychological injuries resulting from overseas terrorist attacks.

We acknowledge that assessing psychological injuries may present certain complexities compared to physical injuries. However, psychologists possess the necessary expertise and training to comprehensively assess and treat psychological injuries. They can provide diagnoses and employ therapeutic approaches to facilitate recovery and improve the well-being of individuals affected by psychological harm.

- In Schedule 2, Parts 1 and 2, which outline the assessment of personal relationships, mobility, recreational and community activities, domestic activities and employment, we have noted that only the section on Mobility functioning explicitly acknowledges the need to consider the impact of psychological and psychiatric obstacles as well as physical impediments (p. 26)<sup>3</sup>.

Given that this Schedule serves as a means for social security assessment (versus expert assessment) of the implications of primary victims' injuries, it is crucial that similar guidance is included for all functional domains. Furthermore, the descriptions or examples provided in the assessment scale should also offer guidance on how psychological or psychiatric injuries, as well as physical injuries, can affect an individual's functioning.

- We acknowledge Subsection 8(2) provides that, in determining the amount of AVTOP payable to a primary victim, the Secretary must not consider any expenses incurred by the primary victim as a result of the terrorist act. This reflects the fact that this financial assistance scheme is not designed to reimburse victims for any specific costs or expenses incurred following or as a result of a declared terrorist act (p. 9)<sup>2</sup>. We are concerned that there might be preferential treatment for victims with physical injury to the degree it is typically easier to evidence a physical injury over a psychological injury. Further the assessment of psychological injuries is more likely to be covered by Medicare while psychological and psychiatric assessment is more likely to require victims to engage a private psychologist or psychiatrist for assessment. These access challenges may result in victims with a genuine claim on the basis of psychological or psychiatric injury being unable to access the AVTOP scheme. Thus, we request that consideration be given to the expert assessment costs for psychological and physical injuries associated with making a claim to access the AVTOP scheme.

- Finally, we understand that the AVTOP scheme is not intended to provide immediate support to victims of terrorist attacks. We believe, however that it would be a valuable inclusion in the Principle to make explicit the social security system protocols that are in place to be able to guide victims to more immediate support mechanisms as victims come forward to make enquiries or claims to the AVTOP scheme, for example, providing information and links to psychological support and assistance.

If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au)

Yours sincerely

**Dr Zena Burgess, FAPS FAICD**  
Chief Executive Officer

## References

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