Victimology: Securing Rights and Delivering Services to Victims Terrorism

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Victims and survivors all over the world need a chance to heal through justice and support. United Nations Secretary-General António Guterres, 21 August 2019

Preventing and countering terrorism and violent extremism is a priority due to world-wide (often large-scale) mass violence. Yet, nation-states have often failed to include victims in their efforts to fight against terrorism, notwithstanding the emphasis placed on victims by, for instance, the UN Global Counter-Terrorism Strategy.

Under international and some regional law, victims of terrorism are mostly captured under definitions of victims of crime; perhaps, because victims of terrorism are presumed to have the same needs as victims of crime.

This gives rise to two obvious questions: Who is a victim of terrorism? Do these victims have the same needs as victims of crime? From these questions flow other questions that also will be addressed in this chapter, the purpose of which is to raise understanding on the rights of victims of terrorism and encourage the strengthening legal frameworks, procedures and practices to better protect and support victims and their families. This chapter shows the effects of terrorism can be devastating and various. These may be experienced at interrelated levels: individually, collectively and societally.

Firstly, a brief comment on the scope of victimology then on defining terrorism from a victimological perspective. In the field of Victimology, the sources of victimisation can be broadly divided into two categories: non-human and human (Fatah 1991). The former includes natural disasters, predatory animals and disease, whereas the latter includes structural victimisation (which influences, among other matters, upbringing, education, and socioeconomic status), human rights violations, criminal victimisation, civil (non-criminal) victimisation and self (or auto) victimisation. Thus, Victimology can accommodate varying legal and sociological definitions of terrorism (O’Connell 2018).

From a victimological perspective, the elements of terrorism include (Schmid 1988; Letschert et al 2010):

- An anxiety-inspiring violent act (or act of dangerousness to people) perpetrated by individual, group or state actors for idiosyncratic, criminal or political reasons
- The violence results in death or serious physical or psychological injury, and/or damage to property
- The direct targets of the violence (who are often civilians or non-combatants) are not the main target
- These victims serve as “message generators”, who are randomly chosen from a target population or are a target of opportunity
- The perpetrator’s intention is to intimidate a population, to coerce or compel a government or organisation to act (or stop doing an act), and/or to advance propaganda.

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Who is a victim of terrorism?

According to Vladimir Voronkov (2018), Under-Secretary-General for Counter-Terrorism,

Victims continue to be the biggest losers in the fight against terrorism. As terrorist acts indiscriminately target different countries, cultures and religions, the largest proportion of casualties are ordinary people.

In addition to the direct (or immediate) victims, the concept of a ripple effect of terrorism suggests the victims of terrorism may also be categorised as secondary and tertiary (Letschert et al 2010; see also Schmid 2012). Primary victims are those people who directly suffer harm from the terrorist act. Secondary victims are dependants or relatives of the primary victims (especially the deceased) and first responders; and, tertiary victims are vicarious victims, for instance those in the wider population in whom fear is stimulated by the threats or acts of violence. In other words, victims of terrorism include (see, for example, Emmerson 2012):

- Good Samaritans / by-standers
- Victim's immediate family (spouse, partner, (step)parents, children, grand-parents);
- Victim’s extended family / kinfolk (nieces, uncles);
- Victim’s social network (friends);
- Victim’s work colleagues;
- ‘First responders’ (police, para-medics, doctors, nurses, crisis care);
- Criminal justice personnel (prosecutors, judges, victim advocates);
- People assisting victims (counsellors, psychologists, funeral directors);
- Public in general.

Yet, international and regional law and procedure tends to focus on the direct victim and his or her immediate family. This is an omission in conceptualising who is a victim of terrorism that should be tackled domestically and regionally.

How do those directly involved in a terror attack react?

During a terrorist incident, some victims flee in panic while others do not (Perry and Lindell, 2003); rather, their immediate response is often adaptive (Burgess et al 2013). Many make their own decisions about whether and when to take evasive action, such as evacuate. Following the immediate impact, it is common for victim-survivors to search for other survivors, to render care to the injured and to assist others in protecting property from further damage. As the Australian Mick Martyn said of his behaviour immediately after the bombs exploded in Bali 2002,

_I had a feeling that I have never had before and I thought something was wrong with me ... A shock went through my body ... then the electricity went off and then there was an explosion ... The first thing Jase said was ‘Oh, I can't see!' because the flames had shut his eyes and his eyelashes were welded together. The he said, ‘Help me, I'm on fire.' (Lindsay 2003). And, help he did ..._

What are the effects of terrorism?

Regarding the effects of terrorism, “[f]or the most part, the needs of direct victims of terrorism are like those of other victims of crime, differing not in kind but in degree or in possibilities for implementation. On average the impact of terrorism in a financial, psychological and physical
sense may be larger, but definitely not always.” (Letschert et al 2010, p xi; see also Centre for Mental Health Services 2004).

Such said, the context in which terrorism happens is important. Victims may see themselves as “civil casualties” of war – the war on terror – rather than just victims of crime. Furthermore, given post-trauma events may shape the consequences of victimisation, the reactions of others, for example, the primary victim’s immediate social environment, the media (Paslakis, Graap & Erim 2015) or politicians, to terrorist attack should be considered. It is as well apt to consider the circumstances of various vulnerable groups, like children or ethnic minorities (Tanielian & Stein 2006).

Exposure to terrorist attacks can heighten fear, which itself can be debilitating. Heightened fear among the public of further attacks may result in an array of behavioural reactions, for example, decrease in use of public transport; and, lower levels of tourism, as well as racism (see, for example, Vice Staff 2017). An Australian study (Dreher 2005) on the impacts of the attacks on the World Trade Centre, September 11, 2001 revealed that many Arab and Muslim Australians lived in fear and felt ‘under siege’, and a ‘climate of intense fear’ was severe for people, such as refugees, who previously experienced trauma (see also Poynting & Noble 2004). Studies in Israel, however, found that children habitually exposed to terror learn “to adjust to loss without experiencing grief", and the influence on their emotional and cognitive spheres wanes (Sharlin, Moin & Yahav 2006; see also Erez 2006).

Research (Galea et al 2002; Colarossi et al 2005; Pemberton 2010) also shows that the effects on “vicarious victims” may be more severe in terms of mental illness (for example, post-traumatic stress disorder) than those on the direct victims.

I’ve not slept for 70 hours or more, walking, watching, waiting, praying for the end of this nightmare from which, at some stage, I must awake. But the reality is beginning to set in and I know only too well that at least in this life I shall never speak openly with my son. Never again shall I laugh with him, drink with him, discuss his future or watch him take to the field. (Deegan 2004)

The ripple effect of a terrorist attack is like that of other violent crimes, but also magnified. For example, the terrorist attacks on September 11, 2001 in the United States resulted in an unprecedented exposure to trauma. Researchers found that the prevalence of probable PTSD was significantly higher in the New York City metropolitan area than in Washington, DC, other major metropolitan areas, and elsewhere in that country; and, was most prevalent in adults who had direct exposure to the attacks (Schlenger et al 2002). Notwithstanding, overall one to two months after the attacks, except for New York City, distress levels across the United States were within “normal ranges”. Similar findings were made by Chaiguerovaa and Soldatovaa (2013) in Beslan, Pravoberezhny District of the Republic of North Ossetia-Alania, Russia, one year after a terrorist attack; and, in the European cities of Paris, Brussels and Berlin (Vice Staff 2017).

In addition, Paslakis, Graap & Erim (2015) examined the impact of media coverage of terrorism on mental functions of healthy individuals. They queried whether the exposure of previously traumatised individuals to media coverage of mass violence, such as war and terrorism, may act as a trigger for a trauma re-activation. They found positive associations between such media exposure and the presence of PTSD symptoms.

How does the public react after a terrorist attack?

After a terror attack, a public ‘backlash’ may lead to ‘vicarious retribution’ (Pemberton 2010). The public at large often expect the government to take protective and responsive measures. Often this, warns Snideman and others (2019) “opens the door to the use of
authority”, such as increased investigative powers (Best, Krueger, and Ladewig 2006) and stricter border controls (Traynor 2015), which can lead to the abuse of that authority. Thus, innocent people can become victims of abuse of power. If that happens, it is incumbent on the government to make such abuse illegal (see, for example, the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power 1985). Studies, however, show that public support for measures that undermine fundamental human rights tend to decay relatively quickly (Sniderman et al 2019; Best et al 2006; Jenkins-Smith and Herron 2005). Furthermore, after a sustained period of non-terror, among those impacted by repeated attacks, intolerance subsides and tolerance increases (Peffley, Hutchison, & Shamir, 2015).

What should be the objectives of assistance for victims of terrorism?

According to the Centre for Mental Health Services (2004), because terrorism results in physical, emotional or psychological injury to “a sufficiently large number of people [there is a commensurate significant] increase the burden of victim assistance for the responding jurisdiction.” Victim assistance organisations should therefore be prepared for responding to a terrorist incident.

A key step to achieve such approach to victim assistance, requires the articulation the objectives of assisting victims of terrorism. These should include:

- To promote safety and security (e.g. psychological first aid)
- To identify priority needs and solutions
- To screen and ensure watchful waiting
- To assess functioning and coping
- To provide reassurance, psycho-education, and practical assistance
- To provide victim-survivor education
- To enhance victims’ social support (Pemberton 2010; Office of Victims of Crime 2015).

What are the core elements of ‘immediate assistance’ in the aftermath of a terror attack?

The victims – their needs and their rights - should come first. Victim assistance should be grounded on an evaluation of victims’ needs; and, the advocacy and services provided (or planned to be provided) to victims of terrorism ought to empower them. ‘On scene’ interventions should include (Myers & Wee 2005; Pemberton 2010; Office for Victims of Crime 2015):

- Direct to medical care, safety; shelter and cater for other fundamental or basic needs (i.e. psychological ‘first aid’)
- Protect from trauma, media, onlookers
- Connect to family, information, comfort
- Liaison with key agencies
- Health & welfare services for survivors, families etc as well as responders
- Psycho-education through media (or other means as per circumstances, location, etc.)

What are core elements of assisting transition to coping?

Victims may have unmet needs and there may also be issues in the ‘impacted’ community that need to be addressed (Dussich 2010). Thus, it is essential to be vigilant and engage in “watchful waiting” (Pemberton 2010). The primary aim must be to assist victims, first
responders, and communities affected by an incident to cope effectively and, as some say, to recover.

It is vital to engage trauma-informed approach to support victims and surviving family members in the long term. Such approach also requires an understanding of the vulnerabilities or cues that might exacerbate trauma. In the Asia-Pacific regions ‘conventional’ western research informed service delivery approaches may not be culturally competent. It might therefore to provide a combination of medical and psychological treatments and faith or spiritual healing practices to avoid re-traumatization. Mindful of the ripple effect, it is also important to ensure that the emotional and psychological needs of each community are met by providing mental health support in addition to practical or material assistance.

Thus, during transition from immediate to mid to long term responses, interventions include:

- Providing continuity of medical care and ongoing mental health services (such as trauma-informed counselling / therapy)
- Providing legal services; and, assistance dealing with criminal justice system
- Assisting victims apply for financial assistance, and ensuring payments are made timely
- Helping to organise events to mark anniversaries, and to establish memorials

Although terrorism impacts communities and can result in ‘vicarious trauma’ / ‘vicarious victims’, the community is also an important resource. Many people have a desire to help each other. Informal networks can evolve. Victims, families, friends and others can draw on their pain and anguish to drive their activism.

Long-term victim assistance should include:

- Medical & therapeutic interventions must be life-long
- Assistance should ongoing meet victims’ needs
- Psycho-education and awareness raising for both victim-survivors and the public
- Programmes to counter terrorism that are grounded on the rule of law and do not exploit victims / victim-survivors

**What should be the ‘outcomes’ of psycho-socio victim assistance?**

The outcomes for the victim / victim-survivor should be to:

- Regain a sense of safety and security
- Attain an understanding of their unique experience of the trauma
- Gain an understanding of actual events that have occurred
- Identify and express their reactions and emotions
- Grieve and cope with traumatic stress
- Resume age-appropriate roles and activities (Pynoos & Nader, 1993; Vemberg & Vogel, 1993; Dussich 2010)

Importantly, counter-terrorism efforts should not have a counter-productive effect the relief effort (Pemberton 2010).

**Do victims of terrorism have the same rights as victims of crime?**

The United Nations General Assembly has endorsed victims’ rights in several instruments, including the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power ((the UN Declaration) 1985) and the Basic Principles and Guidelines on the Right to a
Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law ((the UN Basic Principles 2005)).

The UN Declaration, which passed the General Assembly without need of voting because no nation opposed it, stipulates, among other things, that victims of crime (including families of homicide victims) should have access to justice and treatment; should be kept informed throughout the criminal justice process and have their views taken into account at key stages of that process; should have access to practical, medical and psychological assistance; and, access to restitution and, if a victim of violent crime, to state-funded compensation. The UN Basic Principles espouses similar rights for victims of gross human rights violations and serious violations of international humanitarian law. These victims, for instance, "should be treated with humanity and respect for their dignity and human rights, and appropriate measures should be taken to ensure their safety"; and, have “equall access to an effective judicial remedy”. Furthermore, these victims of entitled to access to information about the violations and reparation mechanisms, and "adequate, effective and prompt reparation for harm suffered".

Neither the UN Declaration nor the UN Basic Principles are binding on member-states; however, both instruments are important and influential. Member-states in Asia, Australia and the Pacific have introduced victims’ rights instrument that honour their obligations (see Addendum A for a summary on victims’ rights in Asia).

Under international human rights law, victims of terrorism (like victims of crime) have the right to:

- Security of person
- Equal and effective access to justice
- Appropriate remedies
- Provision for reparation

The rights of victims of terrorism are not confined to a single convention or declaration. Instead, their rights are spread across a raft of instruments, including:

- Covenant on Civil & Political Rights (eg Article 2)
- Declaration of Basic Principles of Justice for Victims of Crime & Abuse of Power (General Assembly resolution 40/34)
- Basic Principles & Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations (General Assembly resolution 60/147)
- Set of Principles for the Protection & Promotion of Human Rights through Action to Combat Impunity (E/CN.4/2005/102/Add.1)
- Convention against Transnational Organised Crime (eg Articles 24 & 25)
- Convention against Corruption (eg Article 32)

Victims of terrorism have the fundamental rights that oblige nation-states to, among other things, ensure they have access to justice and to treatment. In the context of criminal justice, victims should be:

- Informed of their role & responsibilities in the criminal justice process; and, on progress of the investigation and the prosecution.
- Allowed to express their views and concerns; and, be able to present these (i.e. voice) and have them considered at appropriate stages in criminal proceedings (i.e. voice recognition).
• Provided with assistance throughout the criminal justice process.
• Protected for intrusion on their privacy, and their safety should be a paramount consideration.
• Afforded material, medical, psychological and social assistance, which matches their needs.
• Able to attain restitution, and if that is not available then compensation from a state-funded scheme (or programme).

Restitution and compensation have proven central issues for many delegates participating in the UN project to develop guidelines for NGOs assisting victims of terrorism in Asia-Pacific. Both are key elements of reparation, which in addition entails rehabilitation, satisfaction (which might result from the perpetrator being held accountable and buttressed by genuine acts of remorse) and ‘concrete’ steps to prevent repeat terror victimisation.

Victims of terrorism should not be unnecessarily inconvenienced, and steps should be taken to avoid unnecessary delay in criminal proceedings as well as in executing court or other orders grant in their favour. If, on the other hand, victims perceive the legal process to be unempathic and to have not adequately address their needs for, for instance, compensation, the process cause significant distress and amplify the psychological effects of the terror attack.

What would a victim-centric approach to victims of terrorism in Asia-Pacific require?

Pre-terrorism planning

Effective victim assistance necessitates an exact and coordinated system. An effective response will require the joint effort of emergency services, health and welfare services, medical services, and consular services – perhaps others. In many nations, these services traverse different levels of the political systems (for example, in Australia there is a distribution of authorities and services between the federal, states and territories), as well as involve the public, private and non-government sectors, which can comprise the responses to a terrorist attack. Experiences, inquiries and studies confirm that a lack of coordination is a significant impediment to effective response.

Services might overlap or be duplicitous. Service gaps might exist due to assistance offered not matching victims’ needs. Demand for victim assistance might exceed the existing capacities of government agencies and non-government organisations. Despite substantial commitment across all levels of government and sectors, the magnitude of the terrorist attack might be overwhelming, even cause confusion.

It is crucial therefore to improve preparedness for responding to a future terrorist attack to establish a multidisciplinary planning committee, which includes a victim advocate. Planning for immediate, mid-term and long-term victim assistance should be a paramount consideration. Furthermore, it is imperative to be aware that the way response plans are implemented and communicated might, among other reactions, generate or mitigate fear and anxiety among the public.

Response phase

In the face of terrorist attacks, the immediate response of authorities in many countries is planned and rehearsed (Perry & Lindell 2003; O’Connell 2018), although later inquiries have highlighted omissions and shortcomings.
During the response phase, which occurs immediately after an incident, law enforcement officials, first responders, victim service providers, and others should manage, coordinate, and implement the protocols developed during the pre-terror attack (disaster) planning.

Much can be learned from disaster and emergency plans; however, experiences dealing with terrorism incidents suggest that such plans do not necessarily deal with the intermediate and long-term needs and commensurate assistance. The National Victims of Crime Working Group in Australia (which, before my retirement, I chaired) concluded "In the post-incident scene, it can be difficult to coordinate the activities of multiple response agencies and bystanders. Emergency Management Strategies are helpful; however, after a terrorist incident these strategies have often proven to be incomplete."

After much experience reviewing responses to terrorist attacks in the USA and overseas involving US citizens, the USA Office of Victims of Crime (2015) recommends “developing a comprehensive victim assistance plan that can be incorporated into … existing emergency response plan” is a crucial pre-response phase undertaking. Experiences world-wide show victim assistance plans support and enhance responses and recovery efforts. Furthermore, that ‘secrecy laws’ that prohibit or inhibit the exchange of information can hamper, even impede, victim assistance and negate victims’ rights.

Good practice guidelines to assist citizens as victims of terrorism overseas / outside the nation-state

In its Communiqué of 9 February 2018, the Council of Australian Governments asked the National Victims of Crime Working Group (Working Group) to consider nationally consistent guidelines to protect the rights of Australian victims of terrorism overseas. The Working Group noted that victims of terrorism that occurred solely within one jurisdiction in Australia would be able to access the victims of crime assistance and services in that state or territory, although assistance and services as well as system capacity vary across jurisdictions. However, the pathway to assistance and services for victims of terrorism that occurred across more than one jurisdiction in Australia, for example, a plane crash on the border between states or the poisoning of a river through states, is not clear. This is because most states and territories victims of crime services require the act of violence to have occurred in that state or territory (South Australia is an exception).

The Working Group further noted the focus on effective prevention of and responses to terrorism both domestically and internationally has increased in recent years. Until recently, these activities have focused on intelligence and emergency services capability and capacity; however, there has been a growing acknowledgement that victims’ assistance and services need to be included in these responses.

The Working Group conducted a scan of financial assistance and other services available in various countries. The scan suggested that the availability of financial and other assistance for non-citizen or resident victims vary significantly. Moreover, that access to any assistance, entitlements or compensation will often depend upon the victim’s ability to engage in criminal justice processes. It also identified a gap in long-term support for victims to participate in criminal justice processes following a terrorist attack.

As well, Australian victims of terrorism overseas generally will not be able to access state and territory victims support services (such as counselling, or brokerage for other services provided through victims support), as most state-based victims support legislation limits eligibility to state-provided financial assistance and other support services to where the act of violence occurred within that jurisdiction. Certain victims of terrorist acts overseas may have
access to financial assistance through the Australian Victims of Terrorism Overseas Payment (AVTOP), which is not intended to provide for immediate assistance.

Against this back-drop and aware of Australia’s obligations under international and domestic law, including crime victims’ rights declarations, the Working Group devised good practice guidelines for assisting Australians who become victims of terrorism overseas. Addendum B is a draft of the guidelines as promulgated by the Working Group prior to November 2018. These guidelines share elements common in other guidelines, such as the 2013 Madrid Memorandum on Good Practices for Assistance to Victims of Terrorism Immediately after the Attack and in Criminal Proceedings. All Asian nations should have like guidelines, which should be devised by victim advocates, in consultation with others.

Cross-jurisdictional co-operation / mutual assistance

Mutual assistance agreements are central to law enforcement / criminal justice agency co-operation, among other obligations. Often these instruments prescribe the terms and conditions of mutual assistance and it is common for the rights of accused persons to be mentioned. Yet, rarely, if ever, are victims’ rights incorporated. This omission should be addressed as a matter of urgency. Such agreements can be an important factor in ensuring clear expectations and sustainability over time and may be necessary for agencies to participate.

Cultural competence

Asia, as an example, comprises 48 nation-states. It is a continent rich in cultural and religious diversity. It is vital that those tasked to assist victims of terrorism are culturally competent (Paniagua, 1998; Young, 1998; Office for Victims of Crime 2000, 2006). Thus, it is necessary to (Usher et al 2016):

- Recognise the importance of culture and respect diversity
- Maintain a current profile of the cultural composition of the community
- Recruit disaster workers who are representative of the community or service area
- Provide ongoing cultural competence training to disaster mental health staff
- Ensure that services are accessible, appropriate, and equitable
- Recognise the role of help-seeking behaviours, customs and traditions, and natural support networks
- Involve as “cultural brokers” community leaders and organisations representing diverse cultural groups
- Ensure that services and information are culturally and linguistically competent
- Assess and evaluate the program’s level of cultural competence

Vicarious trauma

Enhancing Resilience in victim support services requires managers (and in the context of civil/public services the obligation flows to government) to:

- To take a personal interest in staff wellness
- To engage staff in setting up wellness programmes and psycho-social education
- To support the creation of peer support programmes
- To identify and employ the right mental health service providers to match staff composition and needs
To review (often to devise) psychological services policies and procedures (see, for example, Australian Senate, Education and Employment References Committee 2018)

**Conclusion**

In the 1980s, Birkbeck (1983) wrote, 'Victimology is What Victimologists Do, But What Should They Do?' – What should they do to ensure a victim-centric approach to terrorism? This chapter has shone a light on some aspects of an answer to that question. It is evident that much has been done, but much more needs to be done.

Terrorist attacks impact the emotional state as well as basic beliefs of those in the affected community regardless of whether they had been directly involved in the attack or not. Ensuring victim assistance is an integral element of disaster / emergency management plans; and, for this purpose appointing a victim advocate to disaster / emergency management committees.

Terrorism is fundamentally criminal. Victims of crime have rights to assistance, information and access to justice, including involvement in decisions that concern them. Their exclusion from pre-terrorism planning and post-terrorism proceedings unacceptable.

Developing mutual assistance agreements (or other instruments) to improve responses to and match the needs of foreign/cross-border victims in the immediate aftermath and the longer term.

Enhancing international partnerships/cooperation, which, among other tasks, will require identifying roles, responsibilities, gaps and opportunities (including opportunities for training and education (see, for example, the UNODC University Series and the online ‘free’ training offered by the USA Office for the Victims of Crime)

Developing an Asia-Pacific framework on the rights of and assistance for victims of terrorism, which feeds into international collaboration (see, for example, the Australian National Framework on Victims’ Rights and Victim Assistance 2013 and the Good Practice Guidelines on Assisting Australians as Victims of Terrorism Overseas 2019).

Recently, the Inter Parliament Union (2019) at its Asia-Pacific regional workshop on terrorism agreed that parliamentarians be urged,

> “to enact adequate laws, develop comprehensive plans and ensure that systems of assistance are established in their countries to protect the rights and needs of victims and their families. Such laws should include provisions for proper medical, legal, psychological and physical counselling and support, as well as relief and rehabilitation measures affording them the means to reintegrate into society. It is important that these reparations be made available to the victims and their families both, immediately after the incidents and in the long term.”

To all intents, constructions and purposes, this statement reaffirms commitments already made. A ‘new Victimology’ and a new pool of Victimologists is now charged with ensuring for the sake of those impacted by terrorism, and those that will be – indeed, for the sake of humanity - that there is more action, and less talk.
### Addendum A – Crime Victims’ Rights in Asia

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</tr>
<tr>
<td>Myanmar</td>
<td>N</td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Nepal</td>
<td>Y</td>
<td>Crime Victim Protection Act, 2018</td>
<td></td>
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<tr>
<td>North Korea</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oman</td>
<td>Y</td>
<td>No separate provision</td>
<td></td>
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<td>Pakistan</td>
<td>Y</td>
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<td></td>
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<tr>
<td>Philippines</td>
<td>Y</td>
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<td></td>
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<tr>
<td>Qatar</td>
<td>Y</td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Saudi Arabia</td>
<td>Y</td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Singapore</td>
<td>Y</td>
<td>No separate provision</td>
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<tr>
<td>South Korea</td>
<td></td>
<td>Crime Victim Protection Act 2010</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Y</td>
<td>Assistance to and Protection of Victims of Crime and Witnesses Act, No. 4 of 2015</td>
<td></td>
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<td>State of Palestine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syria</td>
<td>Y</td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Tajikistan</td>
<td></td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Thailand</td>
<td>Y</td>
<td>Constitution of the Kingdom of Thailand B.E. 2540 &amp; Constitution of the Kingdom of Thailand B.E. 2550</td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td></td>
<td>No separate provision</td>
<td></td>
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<tr>
<td>Turkey</td>
<td>Y</td>
<td>Process of adoption/integration EU Directive</td>
<td></td>
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<tr>
<td>Turkmenistan</td>
<td></td>
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<tr>
<td>United Arab Emirates</td>
<td>Y</td>
<td>No specific provision</td>
<td></td>
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<tr>
<td>Uzbekistan</td>
<td></td>
<td>(Presidential Decree 2017 – but currently no specific provision)</td>
<td></td>
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<tr>
<td>Vietnam</td>
<td>Y</td>
<td>No specific provision</td>
<td></td>
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<td>Yemen</td>
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### Addendum B - Nationally consistent guidelines – By example (unconfirmed)

<table>
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<tr>
<th>Guideline</th>
<th>Principle(s)</th>
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| Governments and service providers should collaborate to provide services to victims of terrorism | Principle 1.1: Victims rights to privacy and confidentiality will be respected and consent obtained before sharing personal information  
Principle 1.2: All jurisdictions will know of and assist victims with access to appropriate supports. |
| Individuals and organisations that provide assistance to victims should have appropriate knowledge and skills. | Principle 2.1: Service providers should have a trauma informed practice.                                                                                     |
| Victims of terrorism overseas should have timely access to appropriate and accurate information about available services and support. | Principle 3.1: The most effective use of communication should be used including traditional and where appropriate social media to provide Australian victims with accurate information about events and available support services.  
Principle 3.2: The victims will be provided information and support about dealing with the media.  
Principle 3.3: The victims will be provided with timely and accurate information about any support services that they may access both in Australia and in the country the terrorist act occurred. |
| Services should be responsive to the needs of victims of terrorism.       | Principle 4.1: Victims will be given respectful and dignified treatment.                                                                                      
Principle 4.2: Victims will be provided with fair treatment.  
Principle 4.3: All jurisdictions will support warm referrals, where there is consent, to minimise the risk of re-traumatisation from repeating traumatic experiences. |
| Victims of terrorism should be assisted to access available financial assistance. | Principle 5.1: The Commonwealth will provide timely and accurate information to Australian victims about the Australian Victim of Overseas Terrorism Overseas Payment Scheme.  
Principle 5.2: The Commonwealth will provide timely and accurate information to Australian victims about financial assistance that may be available from the country in which the terrorist act occurred.  
Principle 5.3: State and Territory jurisdictions will provide timely and accurate information to Australian victims about any jurisdictional based financial assistance they may receive. |
References


Basic Principles & Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations (General Assembly resolution 60/147)


Convention against Corruption. Adopted by the GA 31 October 2003, by resolution 58/4


Declaration of Basic Principles of Justice for Victims of Crime & Abuse of Power (General Assembly resolution 40/34)


Dussich, J (2010) Psycho-social Coping Theory, Asia Post-graduate Course on Victimology, Victim Assistance & Criminal Justice, TIWI, Tokiwa University, Japan.


Figley, CR (2001) Treating Compassion Fatigue, Brunner Mazel, Philadelphia, USA.


Hamm, MS (2007) Terrorism as Crime – From Oklahoma City to Al-Qaeda and Beyond, New York University Press, New York, USA.


Inter Parliamentary Committee (2019) Outcome Statement. The role of parliamentarians in preventing and countering terrorism and addressing conditions conducive to terrorism in the Asia-Pacific region. Kuala Lumpur, Malaysia, 1 to 3 October.


Office for Victims of Crime (2000) Responding to Terrorism Victims: Oklahoma City and Beyond, US Department of Justice, Washington, USA.


Set of Principles for the Protection & Promotion of Human Rights through Action to Combat Impunity (E/CN.4/2005/102/Add.1)


UNODC (undated) University Module Series on Counter-Terrorism. Doha Declaration. [https://www.unodc.org/e4j/en/tertiary/counter-terrorism.html]


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1 A/RES/60/288) was adopted by Member States on 8 September 2006. A resolution and an annexed Plan of Action. Four Pillars: Pillar I (details the conditions conducive to the spread of terrorism) and Pillar IV (respect human rights and the rule of law as the fundamental basis of any counter terrorism effort) underscore the importance attached to victims of terrorism by Member States and recognizes that without their participation terrorism cannot be comprehensively defeated. Yet Member States have often failed to include victims in their efforts to fight against terrorism, notwithstanding the emphasis placed on victims by the Global Counter-Terrorism Strategy.
The aims of psychological first aid are to provide comfort, empathy, an "ear; to address physical / basic needs; to provide concrete information about what will happen next; to link victims/survivors to support systems; and, to reinforce coping strengths.


Joint training on victims of terrorism has been convened by the Australian Federal Police, Indonesia National Police and the LPSK. Students came from the Asia-Pacific regions.