



# List of Injuries Violent Offences Compensation Fund

1 July 2019

## Explanatory notes List of Injuries

Victims of violent crimes who may consequently suffer serious physical or psychological injuries, may qualify for a payment from the Compensation Fund.

The Compensation Fund also provides payments to surviving relatives of victims who deceased due to a violent crime or criminally negligent homicide. Finally, relatives of victims with serious and permanent injury as a result of a violent crime also qualify for a payment.

This list of injuries provides an indication what injuries are deemed to be serious and what payment is in line with this.

The payment represents compensation for the injuries suffered and the potential financial damages that were consequently incurred, e.g. costs for medical assistance and reduction of income.

### How is the payment to victims determined?

The Compensation Fund uses six injury categories to which six fixed amounts are linked. The seriousness of the injury suffered and the circumstances under which the violent crime was committed determine what injury category applies. The fixed amount that belongs to this injury category is then the payment that the Compensation Fund makes to the victim. In this respect it is noted: the more serious the injury, the higher the injury category and the relevant payment.

#### *The injury categories and relevant payments*

<b>Category 1</b>	>	€ 1,000.00
<b>Category 2</b>	>	€ 2,500.00
<b>Category 3</b>	>	€ 5,000.00
<b>Category 4</b>	>	€ 10,000.00
<b>Category 5</b>	>	€ 20,000.00
<b>Category 6</b>	>	€ 35,000.00

### How is the injury category determined?

The list of injuries consists of two parts: **(1) physical injuries** and **(2) psychological injuries**. To determine what injury category pertains to the injury, these two parts are followed.

- In *part 1A* the guidelines for the classification of physical injuries in injury categories are provided. In *part 1B* a list with physical injuries and the relevant injury categories is provided. If the violent crime did not result in a physical injury then part 1 of the list of injuries is skipped.
- In *part 2A* it is indicated in what instances serious psychological injuries are assumed. In *part 2B* it is indicated how the Compensation Fund assesses psychological injuries and when psychological injuries are deemed to be serious.

### How is the payment for (surviving) relatives determined?

(Surviving) relatives always receive a fixed payment (see part 2A of the list of injuries). The payment to surviving relatives may potentially be supplemented with two separate payments for funeral expenses and loss of maintenance.

### Concurrence

If multiple physical injuries, whether or not in combination with (assumed) psychological injuries, were suffered due to a violent crime then the most serious injury is decisive for the classification in an injury category. The said injury category then determines the level of the payment. In case of at least three different physical injuries that fall in the same injury category, the category is increased by one.

If a (surviving) relative also suffered serious injuries due to the violent crime then a separate payment is determined for the said injuries.

# 1. Physical injuries

## 1A. General guiding principles for classification of physical injuries in injury categories

To determine whether physical injuries can be qualified as sufficiently serious to qualify for a payment, the Compensation Fund applies the following general guiding principles. The idea behind these guiding principles is that injuries are deemed to be more serious as the restrictions and dependence due to the injuries increase and last longer. The guiding principles cannot be read independently but only in conjunction with the further elaboration in part 1B of the list of injuries.

Injury category 0 means that the Compensation Fund does not qualify the relevant injury as sufficiently serious to qualify for a payment.

### Injury category 0

- Physical injuries where complete recovery occurs, without further medical consequences, with no or very modest restrictions and/or dependence, that continue for a maximum of six weeks.

### Injury category 1

- Physical injuries where treatment is required, with temporary restrictions and/or some dependence that continue for more than six weeks.
- Physical injuries that necessitate hospitalisation for more than 24 hours.

### Injury category 2

- Physical injuries where treatment is required, with temporary restrictions and dependence that, due to the nature and consequences, are more serious than injury category 1.
- Physical injuries where treatment is required, with permanent non-bothersome restrictions.
- Physical injuries where a surgical intervention is required, unless indicated otherwise in part 1B of the list of injuries.

### Injury category 3

- Physical injuries with permanent bothersome restrictions in the day-to-day professional or business performance (or a comparable activity).
- Physical injuries where a surgical intervention is required to avert immediate mortal danger.

### Injury category 4

- Physical injuries with permanent bothersome restrictions that, due to the nature and consequences, are more serious than injury category 3 (e.g. prolonged partial dependence).

### Injury category 5

- Physical injuries with serious permanent restrictions in the day-to-day professional or business performance (or a comparable activity) and/or permanent partial dependence.

### Injury category 6

- Physical injuries with very considerable or complete and permanent dependence.

### 1B. List with physical injuries and relevant injury categories

The list below is an elaboration of the general guiding principles from part 1A of the list of injuries. In this list the physical injuries are classified per body part. Per body part physical injuries are mentioned. The number in front of the injury indicates in what injury category it falls. Injury category 0 means that the Compensation Fund does not qualify the relevant injury as sufficiently serious for a payment. If the physical injury suffered is not mentioned in the list then (the medical adviser of) the Compensation Fund examines whether it can be qualified as serious. Hence, the list is not exhaustive.

If it is an established fact that the present profession can no longer be performed then one injury category higher is allocated.

General comment in case of fractures:

The removal of previously introduced osteosynthesis material (= discs and screws) is not qualified as an individual surgery and/or an aggravating circumstance for which a higher injury category is allocated.

#### Head / cranium

- 0 Haematomas and bruises.
- 0 Scalp injuries without permanent deviations and/or with well-cured scars.
- 0 Minor scalp-brain injuries (previously light concussions / commotio cerebri) without hospitalisation.
- 1 Minor scalp-brain injuries with hospitalisation of more than 24 hours, unless medical data show that the hospitalisation was required due to alcohol consumption and/or other intoxication.
- 1 Scalp injuries resulting in permanently visible baldness.
- 1 Skull fractures without surgical treatment or neurological deficit.
- 2 Permanent partial loss of smell or taste.
- 2 Skull fractures with surgical treatment.
- 2 Skull-brain injuries with radiologically (scan) demonstrated injuries to the brain (contusion outbreaks or haemorrhages) without permanent loss-of-function symptoms.
- 3 Facial wounds resulting in facial palsy / paralysis (= (partial) deficit of the nerve that is responsible for the facial muscles).
- 3 Skull-brain injuries with permanent neurological damage.
- 4 Posttraumatic incomplete hemiplegia (palsy).
- 5 Posttraumatic complete hemiplegia (paralysis).
- 6 Posttraumatic skull-brain injuries resulting in permanent admission to a nursing home.

#### Eye

- 1 Temporary partial deficit of the vision in one eye for more than one month.
- 1 Perforation of the cornea without permanent complications.
- 2 Perforating injuries of the eyeball resulting in an increased risk of a detached retina and glaucoma in the future.
- 2 Traumatic cataract (= turbidity of the lens).
- 3 Perforation of the cornea with permanent complications, e.g. the lifelong need to wear contact lenses.
- 3 Permanent partial deficit of the vision in one eye (i.e. a vision of 0.3 – 0.6 with correction).
- 4 Permanent deficit of the vision in one eye of less than 0.3 with correction.
- 4 Functional and anatomic loss of one eye.
- 5 Injuries in one-eyed people to the healthy eye in injury categories 2 or 3.
- 6 Functional loss of the remaining (healthy) eye in one-eyed people resulting in a vision of less than 0.3 with correction.
- 6 Functional loss of both eyes resulting in complete blindness.

#### Ear

- 0 Perforation of one eardrum, which does not require surgical treatment.
- 1 Double-sided eardrum perforation without surgical treatment.
- 1 Perforation of an eardrum that requires non-recurring surgical treatment.
- 2 Permanent substantial change of form of an auricle and/or loss of an important part of an auricle.

- 3 Perforation of an auricle with permanent damage and hearing loss in the speech area (loss of more than 60 dB).
- 4 Functional loss of one ear (loss of more than 90 dB).
- 6 Functional (whether or not combined with anatomical) loss of both ears or the remaining ear.

#### Facial skull

- 0 Haematomas and bruises.
- 0 Fracture of the nose without misalignment of the nose.
- 1 Permanent and objectifiable (clearly visible) misalignment of the nose or continuing complaints due to a fracture of the nose.
- 1 Fracture of the nose (internally or externally) with surgical treatment.
- 1 Fracture of an eye socket (= orbita) without surgical treatment\*.
- 1 Fracture of a cheekbone (= zygoma) without surgical treatment\*.
- 1 Fracture of the front wall of the maxillary sinus (= sinus maxillaris) without surgical treatment\*.
- 2 Fracture of an eye socket (= orbita) with surgical treatment\* / \*\*.
- 2 Fracture of the cheekbones (= zygoma) with surgical treatment\* / \*\*.
- 2 Fracture of the front wall of the maxillary sinus (= sinus maxillaris) with surgical treatment\* / \*\*.
- 2 Fracture of the lower jaw (= mandibula)\* / \*\* / \*\*\*.
- 2 Fracture of the upper jaw (= maxilla)\* / \*\* / \*\*\*.
- 3 Fractures of the facial skull with permanent anatomical changes of the face (not being a clearly visible misalignment of the nose)\* / \*\*.

\* Included in these categories are temporary or definitive deficit of the nervus infraorbitalis resulting in reduced feeling or tingling in the cheek.

\*\* Included in these categories are the removal, in the second instance, of potential osteosynthesis material (= discs and screws)

\*\*\* A processus alveolaris fracture is not qualified as a fracture of the lower or upper jaw.

#### Neck, spine and back

- 0 Haematomas, muscular strains and bruises.
- 0 Skin injuries on the back due to superficial wounds.
- 1 Acceleration / deceleration trauma of the cervical spine (degrees 1 and 2 without neurological phenomena) with prolonged (more than 3 months) temporary consequences.
- 1 Vertebral (impression) fracture without surgical intervention or specific treatment and complete recovery.
- 2 Traumatically induced hernia of the nucleus pulposus (= "back hernia" = HNP).
- 2 Vertebral fracture with surgical treatment.
- 3 Vertebral fracture(s) resulting, after surgery (surgeries), in prolonged presence of complaints and prolonged (more than 6 months) treatment by a physiotherapist.
- 4 Cauda equina syndrome.
- 5 Paraplegia at lumbar (= lower back) level.
- 6 Paraplegia at cervical or thoracic (= chest) level with permanent loss of feeling and locomotion from the chest level down.

#### Arm

- 0 Haematomas, muscular strains and bruises.
- 0 Skin injuries of arm and/or hand due to superficial wounds.
- 1 AC luxation (= luxation of the joint between shoulder blade and collarbone) without surgical treatment\*.
- 1 Fracture of the shoulder blade.
- 1 Fracture of an ulna (also Monteggia's fracture).
- 1 Fracture of the radius.
- 2 Fracture of the wrist or elbow.
- 2 Shoulder luxation whether or not with repositioning under anaesthesia\*.
- 2 AC luxation (=luxation of the joint between shoulder blade and collarbone) with surgical treatment\*.

- 2 Fractures or other traumas of arm / hand resulting in Complex Regional Pain Syndrome (= CRPS, previously reflex dystrophy) with limited complaints.
- 2 Fracture of the humerus whether or not treated surgically\*\*.
- 3 Plexus lesion (= nervous interlacement between spine and arm) with permanent impairment / deficit of the quality of feeling\*\*\*.
- 3 Plexus lesion with deficit of the gross motor abilities\*\*\*.
- 3 Fractures or other traumas of arm / hand resulting in Complex Regional Pain Syndrome (= CRPS, previously reflex dystrophy) with serious or very prolonged complaints.
- 3 Fractures of the radius and/or ulna of the arm / hand with surgical treatment resulting in serious pro- / supination restriction (= serious loss of function)\*\*.
- 4 Plexus lesion with deficit of gross and fine motor abilities (in particular finger movements)\*\*\*.
- 4 Permanent functional deficit of an arm.
- 5 Anatomic loss of (an important part of) an arm.
- 6 Anatomic loss of (important parts of) both arms.

\* This classification does not apply to habitual luxation whether or not due to the violent crime.

\*\* In this respect the removal of previously used osteosynthesis material (= discs and screws) is not qualified as a separate surgery.

\*\*\* Plexus lesion can be read as any peripheral nerve damage with the same consequences.

#### Hand

For all hand injuries victims are assumed who do not require special skills with the relevant hand(s) for their profession or activity.

- 0 Bruises.
- 0 Fracture of a finger or the relevant metacarpals, not being thumb or index finger, without surgical treatment and healed without complications or misalignment.
- 1 Fracture of thumb or index finger or the relevant metacarpals with or without surgical treatment and healed without complications or misalignment.
- 1 Fracture of a finger or the relevant metacarpals, not being thumb or index finger, with surgical treatment and healed without complications or misalignment.
- 1 Tendon injury of a finger with permanent limited loss of function, not being thumb or index finger.
- 1 Skier's thumb (= the tearing of a band around the carpometacarpal of the thumb (ligamentum collaterale ulnare), with surgical treatment.
- 2 Fracture of a thumb or finger of the relevant metacarpals, with or without surgical treatment, healed with complications or misalignment and with loss of function.
- 3 Nerve damage of the nervus ulnaris resulting in a so-called 'ulnar claw'.
- 3 Nerve damage of the nervus medianus resulting in a so-called 'Benediction hand'.
- 3 Nerve damage of the nervus radialis resulting in a so-called 'dropping hand'.
- 3 Loss of thumb and/or index finger.
- 4 Functional loss of a hand.
- 6 Anatomic loss of both hands.

#### Chest

- 0 Haematomas, muscular strains and bruises.
- 0 Skin injuries of the chest due to superficial wounds.
- 1 Fracture of the sternum healed without complications.
- 1 Fracture of the collarbone.
- 1 Fractures of one or more ribs without damage to internal organs.
- 2 Pneumothorax and/or haemato-pneumothorax (= pneumothorax with bleeding in chest cavity).
- 2 Damage of the myocardial tissue without haemodynamic (= with regard to the blood circulation) consequences.
- 2 Form change or need to remove a potential prosthesis of one or both breasts in women.

- 3 Tension pneumothorax.
- 3 Damage of the cardiac muscle with haemodynamic consequences.
- 3 Damage of lung tissue resulting in restriction of the lung capacity (= exercise tolerance).

#### Abdomen

- 0 Haematomas.
- 0 Skin injuries of the abdomen due to superficial wounds.
- 0 Contusion (= bruising) of a kidney not resulting in hospitalisation for more than 24 hours.
- 2 Injuries (including perforation) to an internal organ in the peritoneal cavity potentially with inclusion of a temporary stoma.
- 3 (Sub-) total removal of an organ in the peritoneal cavity without substantial loss of function.
- 4 Loss of function of an organ with restrictions.
- 4 Damage of the urinary tract resulting in permanent incontinence.
- 4 Inclusion of a definitive stoma.
- 6 (Indication for) transplantation of an organ in the peritoneal cavity.

#### Hip and pelvis ring formed by public bone, ilium and sacrum

- 0 Haematomas and bruises.
- 1 Fractures of the pelvis without surgical treatment.
- 2 Fractures of the pelvis with surgical treatment.
- 2 Fractures of a femur neck (= hip = collum) without surgery healing without complications and permanent restrictions.
- 3 Fractures of a femur neck (= hip = collum) with surgical treatment healing without complications and permanent restrictions.
- 4 Fractures of a femur neck (= hip = collum) with surgical treatment and loss of independence (= loss of self-reliance).

#### Leg and foot

- 0 Haematomas, muscular strains and bruises.
- 0 Skin injuries of leg and/or foot due to superficial wounds.
- 0 Fracture of a toe and/or metatarsal.
- 1 Fracture of a tarsal without surgical treatment.
- 1 Fracture of a kneecap.
- 1 Fracture of a splint (= fibula).
- 2 Luxation of a kneecap with surgical treatment.
- 2 Traumatically induced meniscus lesion treated through keyhole surgery.
- 2 Fracture of an ankle healed without complications and complete recovery of function.
- 2 Fracture of the heel bone (= calcaneus).
- 2 Nerve damage in the leg resulting in reconstructive surgery (surgeries) and resulting in non-bothersome restrictions.
- 2 Blood vessel damage in the legs resulting in reconstructive surgery (surgeries).
- 2 Rupture of anterior cruciate ligament with surgical treatment.
- 2 Fracture of a shin (= tibia).
- 2 Fracture or other traumas of lower leg / foot resulting in Complex Regional Pain Syndrome (CRPS, previously reflex dystrophy) with moderate complaints.
- 3 Fracture of the tibia plateau.
- 3 Permanent nerve damage resulting in day-to-day restrictions.
- 3 Fracture of the femur.
- 3 Fracture of the splint and shin (cruris fracture).
- 3 Crushing fracture of heel bone with very prolonged recovery (more than 9 months).
- 3 Compartment syndrome.
- 3 Fracture or other traumas of lower leg / foot resulting in Complex Regional Pain Syndrome (CRPS, previously reflex dystrophy) with serious or prolonged complaints.
- 4 Fractures of splint and shin resulting in recurring surgical interventions and associated with delayed consolidation (= growing together of the bone) or formation of pseudarthrosis.

- 5 Anatomic loss of a (lower) leg.
- 6 Anatomic loss of both (lower) legs.

#### General physical injuries

- 1 Disfiguring scar in the face not caused by chemicals or by burns.
- 1 Disfiguring scar of a limited surface of less than 9% of the body, not being the face caused by chemicals or by burns.
- 2 Disfiguring scar of a surface of more than 9% of the body not being the face caused by chemicals or by burns.
- 2 Hepatitis C contamination.
- 2 Hepatitis B contamination without chronic carrier status and restrictions.
- 3 Disfiguring scar in the face caused by chemicals or by burns.
- 4 Hepatitis B contamination and chronic carrier status.
- 4 Contamination with HIV.

#### Teeth

Teeth injuries form a separate category because the classification does not coincide with the general guiding principles as mentioned in part 1A of the list of injuries. It is inherent to teeth injuries that high dental expenses are incurred, which are usually not or barely covered by insurance.

- 1 Root canal treatment(s) of one or more frontal elements.
- 1 The definitive loss of one non-frontal element (= molar), followed by placing a crown.\*
- 1 The loss of a crown on its own element or on an implant, regardless of location.
- 2 The definitive loss of two or more non-frontal elements (= molars)\*.
- 2 The definitive loss of one non-frontal element (= molar), followed by placing a bridge or a complete implant (possibly including crown). \*
- 2 Loss of one bridge or complete implant regardless of location.
- 2 The definitive loss of one frontal element (= front tooth), followed by placing a bridge or a complete implant (possibly including crown).\*
- 3 The definitive loss of two or more frontal elements or implants (= front teeth)\*.

\* An element is definitively lost when it is entirely (including the root) gone or when there is a remnant on which a permanent facility in the form of a core-post or crown is possible.

## 2. Psychological injuries

### 2A. Assumption of serious psychological injuries on the basis of the violent crime

The list below provides an indication of the violent crimes where the Compensation Fund, without assessment of medical information, can assume serious psychological injuries and the relevant injury category. Whether serious psychological injuries are assumed and what injury category is in line with this is determined by the Compensation Fund on the basis of the circumstances of the case.

#### Injury category 1

- **Sex crime** without sexual penetration, occurring once or several times.  
*For instance, inappropriate touching with some force.*
- **French kiss**, coerced (under threat) with some force.
- **Robbery in the own home**, with use or some violence or violent threats were made.

#### Injury category 2

- **Sex crime** without sexual penetration, due to the nature (and consequences) more serious than category 1.  
*For instance, with force or committed by an older person against a very young victim (under the age of 12).*
- **Human trafficking**, whether or not there has been (frequent) psychical violence or violent threats.
- **Human trafficking**, with sexual exploitation without sexual penetration.
- **Direct threat with a knife\***, potentially with physical violence or the infliction of superficial cut(s) and stab wound(s).
- **Direct threat with a firearm\***, potentially with physical violence or shooting without the infliction of gunshot wounds.
- **Domestic violence**, with frequent physical violence or violent threats (hereinafter: systematic domestic violence) over a longer period of time.
- **Stalking**, with frequent physical violence or violent threats over a longer period of time.
- **Arson**, with direct mortal danger or danger of serious physical injuries inflicted on the victim due to the fire.
- Observation by a very young person (under the age of 12) of systematic domestic violence.

#### Injury category 3

- Surviving relatives of victims who have died due to a violent crime or criminally negligent homicide within the meaning of section 6 of the Wegenverkeerswet 1994 (Road Traffic Act 1994) or section 307 of the Criminal Code ("*Wetboek van Strafrecht*") (section 320 of the Criminal Code BES for violent crimes committed on Bonaire, St. Eustatius and Saba).
- Relatives of victims with serious and permanent injury as a result of a violent crime.
- **Sex crime** without sexual penetration under aggravating circumstances.  
*For instance, with serious physical violence or systematically during a longer period of time.*
- **Sex crime** with sexual penetration occurring once or several times.  
*For instance, with violence or committed by an older person against a very young victim (under the age of 12).*
- **Human trafficking**, with frequent physical violence or violent threats over a longer period of time.
- **Human trafficking**, with sexual exploitation without sexual penetration, due to the nature and consequences more serious than category 2.  
*For instance, with serious violence, for a very long period of time or at a high frequency.*
- **Human trafficking**, with sexual exploitation with sexual penetration, occurring once or several times.
- **Direct threat with a knife\***, due to the nature and consequences more serious than category 2.  
*For instance, with serious physical abuse or the infliction of cut(s) or stab wound(s) that affect(s) internal organs and/or vital structures.*
- **Direct threat with a firearm\***, due to the nature and consequences more serious than category 2.  
*For instance, with the infliction of a shotgun wound or serious physical abuse.*
- **Systematic domestic violence**, due to the nature and consequences more serious than category 2.  
*For instance, with serious violence, sexual violence, for a very long period of time or at a high frequency.*
- **Stalking**, due to the nature and consequences more serious than category 2.  
*For instance, with serious violence, for a very long period of time or at a high frequency.*

#### Injury category 4

- The loss of multiple relatives due to a violent crime or criminally negligent homicide within the meaning of section 320 of the Criminal Code BES.
- In the event that two or more relatives have been seriously and permanently injured by one violent crime.
- **Sex crime** with sexual penetration, due to the nature and consequences more serious than category 3.  
*For instance, with serious violence or systematically for a longer period of time.*
- **Human trafficking**, with frequent physical violence or violent threats over a longer period of time, due to the nature and consequences more serious than category 3.  
*For instance, with serious violence or a very long period of time.*
- **Human trafficking**, with sexual exploitation with sexual penetration, for a longer period of time and systematically.

#### Injury category 5

- **Sex crime** with sexual penetration under aggravating circumstances.  
*For instance, systematically for a very long period of time.*
- **Human trafficking**, with sexual exploitation with sexual penetration, due to the nature and consequences more serious than category 4.  
*For instance, with frequently serious violence or a very long period of time.*
- **Human trafficking**, with removal of one (or more) organ(s).

\* A threat with a knife or firearm is a direct threat with the weapon directed at the person of the victim (the victim is then aware of the weapon) at a reasonably usable distance for the weapon. At the time of the threat the victim must be under the assumption that it is an actual weapon.

If a threat with a knife or firearm is not direct then there may still be question of a threat. In that case the Compensation Fund examines if serious psychological injuries were suffered due to the said threat.

## 2B. Assessment of psychological injuries on the basis of medical information

For the assessment of psychological injuries, in all other cases the Compensation Fund requires medical information. It is therefore important that a diagnosis has been made by a care provider. This care provider can pass on medical information to the Compensation Fund about the psychological injuries, with permission from the victim. On the basis of this information, the Compensation Fund will determine whether the psychological injuries suffered are sufficiently serious to be eligible for a compensation and what injury category applies.

### *BIG registration, NIP service mark with BAPD or NVO registration with BAD*

The Compensation Fund only uses medical data from care providers who are qualified and skilled in making diagnoses with regard to psychological injuries. The Compensation Fund therefore sets the requirement for these care providers that for making a diagnosis, they must have a BIG (Individual Healthcare Professions) registration, a NIP (Dutch Association of Psychologists) service mark with Basic assessment Psychodiagnostics (BAPD) or a NVO (Dutch Association of Educators & Educationalists) registration with Basic assessment Diagnostics (BAD).

This concerns at least the following care providers:

- Psychiatrist
- Healthcare Psychologist
- Clinical psychologist
- NIP Child & Youth Psychologist
- NIP Child & Youth Psychologist Specialist
- NVO Remedial Educationalist Generalist with BAD
- Basic NVO educationalist with BAD

Via [www.bigregister.nl](http://www.bigregister.nl), [www.psynip.nl](http://www.psynip.nl) and [www.nvo.nl/registraties](http://www.nvo.nl/registraties), you can find out whether a care provider has a BIG registration, NIP service mark with BAPD or NVO registration with BAD. If a diagnosis has been made by a care provider who does not meet these requirements, the Schadevonds can in principle not assess the psychological injuries. This could mean that an application will be rejected or that a lower compensation will be made.

In order to determine whether psychological injuries can be qualified as sufficiently serious to be eligible for a compensation, the Schadevonds deploys the following guiding principles. The guiding principles give an *indication* whether psychological injuries are serious and what injury category applies. The Schadevonds determines this on the basis of the circumstances of the case.

### Injury category 1

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries, possibly followed by a treatment of a maximum of 6 sessions.

### Injury category 2

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries, followed by a treatment of a maximum of 16 sessions.

### Injury category 3

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries, followed by a treatment of 17 sessions or more.

### Injury category 4

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries and treatment whereby the objectives have not been achieved within one year, or in the case of repeated treatments over years (including crisis admissions and/or clinical treatment routes and/or intensive outpatient multidisciplinary support) which each lasted less than six months. The psychological injuries lead to long-term dependence.

### Injury category 5

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries and treatment for many years with periods of clinical treatment routes and/or intensive outpatient multidisciplinary support which (each) lasted longer than six months, but less than 2 years. The psychological injuries for which this treatment is given lead to permanent partial dependence.

### Injury category 6

- Diagnosis by a care provider who is qualified and skilled for making a diagnosis with regard to psychological injuries. The psychological injuries lead to considerable or complete and permanent dependence, expressed in (repeated) clinical treatment routes and/or intensive outpatient multidisciplinary support, with a duration of more than 2 years and/or continual intensive outpatient multidisciplinary support.

### Explanation of the guiding principles

- **Psychological symptoms** (for instance, anger, sorrow, anxiety) are considered by the Schadefonds as normal human reactions to trauma. Psychological symptoms in themselves are not qualified as serious injuries.
- With regard to the **number of sessions**, the guiding principle is the actual number of treatments received, also after an interruption of the treatment, including the interviews carried out for the intake.
- **'Treatment'** refers to: the (evidence-based) treatment, once a diagnosis has been made, by or under the responsibility of a care provider who has a BIG registration, NIP service mark with BAPD or NVO registration with BAD for making diagnoses with regard to psychological injuries.
- The **dependence** can be proven with, for instance, relevant decisions by the WMO (Social Support Act) or the UWV (Employee Insurance Agency).
- If already existing psychological symptoms have worsened due to the violent offence, in principle injury category 1 will be applied.