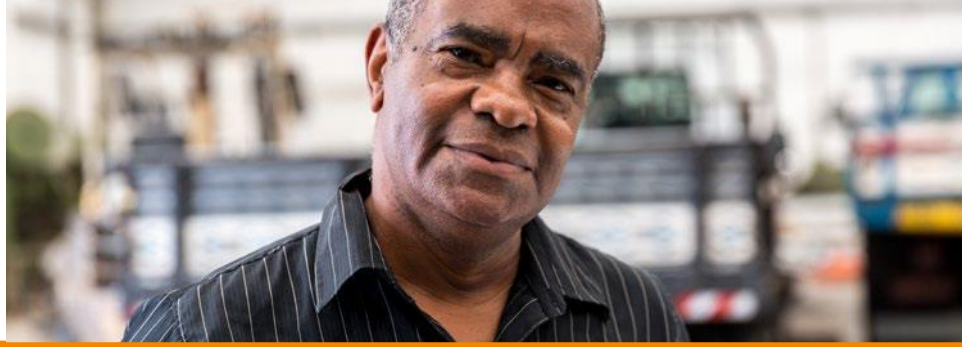
SCHADE FONDS GEWELDS MISDRIJVEN



List of Injuries

Caribbean Netherlands

1 January 2026

Explanatory Notes to List of Injuries

Victims of violent crimes who may consequently suffer serious physical or psychological injuries may qualify for a payment from the Schadefonds (Violent Crimes Compensation Fund).

The Schadefonds also provides payments to surviving relatives of victims who died as the result of a violent crime or criminally negligent homicide. Finally, close relatives of victims with serious and permanent injury as a result of a violent crime also qualify for a payment.

This list of injuries gives an indication of which injuries are considered to be serious and what payment applies to them.

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

How is the payment to victims determined

The Schadefonds 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 Schadefonds 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

Category 1	>	€ 1,000
Category 2	>	€ 2,500
Category 3	>	€ 5,000
Category 4	>	€ 10,000
Category 5	>	€ 20,000
Category 6	>	€ 35,000

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 guidelines are provided for the classification of physical injuries in injury categories. In Part 1B a list of physical injuries and the relevant injury categories is provided. If the violent crime did not result in physical injuries, 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 Schadefonds 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. This 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 said injuries.

Recognition gives strength. Together involved.

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 Schadefonds 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 Schadefonds 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 day-to-day professional or business performance (or a comparable activity).
- Physical injuries where a surgical intervention or an act that can be equated with this 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 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 of 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 Schadefonds 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 Schadefonds 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 applied.

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, up to a short admission for less than 24 hours for the purpose of observation.

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) with lasting symptoms and clearly visible.

3 Skull-brain injuries with permanent, objectifiable 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.

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 Hearing loss in the speech area (loss of more than 60 dB).[1]

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.

1 Permanent and clearly visible misalignment of the nose, or persistent obstruction of the nasal passage.

1 Fracture of the nose whether or not repositioned under local anaesthesia.

1 Fracture of an eye socket (= orbita) without surgical treatment.[2]

1 Fracture of a cheekbone (= zygoma) without surgical treatment.[2]

1 Fracture of the front wall of the maxillary sinus (= sinus maxillaris) without surgical treatment.[2]

2 Fracture of the nose (internal or external) with surgical treatment.

2 Fracture of an eye socket (= orbita) with surgical treatment.[2/3]

2 Fracture of a cheekbone (= zygoma) with surgical treatment.[2/3]

2 Fracture of the front wall of the maxillary sinus (= sinus maxillaris) with surgical treatment.[2/3]

2 Fracture of the lower jaw (= mandibula).[2/3/4]

2 Fracture of the upper jaw (= maxilla)[2/3/4]

3 Fractures of the facial skull with permanent anatomical changes of the face (not being a clearly visible misalignment of the nose).[2/3]

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 in prolonged presence of complaints and prolonged (more than 1/2 years) treatment.

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.

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[1] *Speech area means the range from 500 Hz to 4000 Hz.*

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

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

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

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.[5]

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.[5]

2 AC luxation (=luxation of the joint between shoulder blade and collarbone) with surgical treatment.[5]

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.[6]

3 Plexus lesion (= nervous interlacement between spine and arm) with permanent impairment / deficit of the quality of feeling.[7]

3 Plexus lesion with deficit of the gross motor abilities.[7]

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 pro- / supination restriction (= loss of function).[6]

4 Plexus lesion with deficit of gross and fine motor abilities (in particular finger movements).[7]

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.

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.

1 Fracture of a finger or the relevant metacarpals, without 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 finger or the relevant metacarpals, with surgical treatment and healed without complications or misalignment.

3 Fracture of a finger or 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'.

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

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

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

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 to 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 haematopneumothorax (= pneumothorax with bleeding in chest cavity).

2 Damage to 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 to the cardiac muscle with haemodynamic consequences.

3 Damage to lung tissue resulting in restriction of 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.

3 (Sub-) total removal of an organ in the peritoneal cavity without substantial loss of function.

4 Loss of function of an organ.

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 pubic 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), healing without complications and permanent restrictions.

3 Fractures of a femur neck (= hip = collum), with permanent restrictions.

Leg and foot

0 Haematomas, muscular strains and bruises.

0 Skin injuries of leg and/or foot due to superficial wounds.

1 Fracture of a toe.

1 Fracture of a metatarsal and/or 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.

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[8] not caused by chemicals or by burns.

1 Disfiguring scar on a limited surface of less than 9% of the body, not being the face, caused by chemicals or by burns.

2 Disfiguring scar on 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 referred to 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).[9]

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).[9]

2 Loss of one bridge or complete implant regardless of location.

2 The definitive loss of one frontal element (= front tooth).[9]

3 The definitive loss of two or more frontal elements or implants (= front teeth).[9]

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[8] *A facial scar is considered disfiguring when its size or location visibly affects the appearance. We also consider whether the scar disrupts the victim's look or facial expressions. Small superficial scars or scratches are not included.*

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

2. Psychological injuries

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

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

Injury Category 1

- **Sex crime** without sexual penetration, under aggravating circumstances.
  For example, committed by an older person against a very young child (under 12), or involving physical violence or deprivation of liberty.
- **Robbery in one's own home** under aggravating circumstances.
  For example involving a minor victim, or with serious physical violence or prolonged deprivation of liberty.
- **Direct threat with a knife**[10] under aggravating circumstances.
  For example involving a minor victim, or with prolonged deprivation of liberty, serious physical violence or causing cuts or stab wounds.
- **Direct threat with a firearm**[10], under aggravating circumstances.
  For example involving a minor victim, or involving prolonged deprivation of liberty, serious physical violence or causing shot wounds.
- **Arson or explosion** under aggravating circumstances.
  For example involving a minor victim in which actual danger to life was to be feared, such as in case of smoke inhalation, closed emergency exits or when the fire brigade has to rescue the victim.

Injury category 2

- **Sex crime** without sexual penetration, that is more serious in nature and consequences than category 1. For example, involving serious violence or committed systematically..
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, whether or not with physical violence or threats of violence.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with sexual exploitation without sexual penetration.
- **Systematic**[11] **Domestic Violence**, with systematic physical violence or threats of violence.
- **Stalking**, with physical violence or threats of violence.
- **Observation of systematic domestic violence by a minor** (under the age of 18).

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 Dutch Criminal Code (*Wetboek van Strafrecht*, or WvSr) (for the Caribbean Netherlands, Section 320 of the Criminal Code BES).
- Close relatives of victims with serious and permanent injury as a result of a violent crime.
- **Sex crime** without sexual penetration under aggravating circumstances that is more serious in nature and consequences than category 2.
  For instance, with serious physical violence or committed systematically over a very long period.
- **Sex crime**[12] with sexual penetration.
  For instance, with violence or committed by an older person against a very young victim (under the age of 12).
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with systematic physical violence or violent threats.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with sexual exploitation without sexual penetration, due to its nature and consequences more serious than Category 2.
  For instance, with serious violence or committed systematically.

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[10] A threat with a knife or firearm is direct if the threat with the weapon is aimed at the person of the victim (the victim is aware of the weapon at the time) at a distance at which the weapon is usable. At the time of the threat, the victim must also presuppose that that the weapon is real. If a threat with a knife or firearm is not direct, then a threat can still be involved. In that case the Schadefonds examines whether the threat caused the victim to suffer serious psychological injuries.

[11] *Systematic is a legal term entailing that the duration, frequency and penetration of the violence are examined in their interrelationship.*

[12] *A French kiss is not a sexual crime with sexual penetration.*

- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with sexual exploitation with sexual penetration, committed once or several times.
- **Systematic domestic violence**, due to its nature and consequences more serious than category 2.
  For instance, with serious violence, sexual violence, or over a very long period of time.
- **Stalking**, due to its nature and consequences more serious than category 2.
  For instance, with serious violence or for a very long period of time.

Injury category 4

- The loss of two or more close relatives due to a violent crime or criminally negligent homicide within the meaning of section 6 of the Road Traffic Act 1994 or section 307 of the Dutch Criminal Code (for the Caribbean Netherlands section 320 of the Criminal Code BES).
- Close relatives of two or more victims with serious and permanent injury as the result of one intentionally committed violent crime.
- **Sex crime** with sexual penetration, due to its nature and consequences more serious than category 3.
  For instance, with serious violence or occurring systematically over a longer period of time.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, 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 over a very long period of time.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with sexual exploitation with sexual penetration, committed systematically.

Injury category 5

- **Sex crime** with sexual penetration that is more serious in nature and consequences than category 4.
  For instance, with very serious violence or committed systematically over a very long period of time.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with sexual exploitation with sexual penetration, due to the nature and consequences more serious than category 4.
  For instance, with frequent very serious violence or committed systematically over a very long period of time.
- **Human trafficking (Section 273f of the Dutch Criminal Code)**, with removal of one (or more) organ(s).

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

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

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

The Schadefonds only uses medical data from care providers who are qualified and skilled in making diagnoses with regard to psychological injuries. The Schadefonds 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).

Care providers who meet these requirements are:

- Psychiatrist
- Healthcare (GZ) Psychologist
- Clinical psychologist
- NIP Child & Youth Psychologist
- NIP Child & Youth Specialist Psychologist
- NVO Remedial Educationalist Generalist with Basic Assessment Diagnostics
- Basic NVO Educationalist with Basic Assessment Diagnostics
- Mental Healthcare (GGZ) Nursing Specialist

Via www.bigregister.nl, www.nip.nl and www.nvo.nl, you can find out whether a care provider has a BIG registration, NIP service mark with BAPD or NVO registration with BAD. In principle, if a diagnosis has been made by a care provider who does not meet these requirements, the Schadefonds cannot 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 compensation, the Schadefonds applies the following guiding principles. The guiding principles give an indication of whether psychological injuries are serious and what injury category applies. The Schadefonds determines this on the basis of the circumstances of the case.

Injury category 1

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and to provide treatment consisting of 6 sessions at most.

Injury category 2

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and to provide treatment consisting of 16 sessions at most.

Injury category 3

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and to provide treatment consisting of 17 sessions or more.

Injury category 4

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and to provide treatment processes that result in prolonged (for the time being) temporary dependence.
  a. Help is required because of limitations in two or more areas of life.[13]
  b. Support is generally limited and recovery is expected.

Injury category 5

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and to provide treatment processes for many (at least more than 5) years, that have resulted in complete and permanent dependence.
  a. Structural, lasting and intensive help is required because of limitations in two or more areas of life.[13]
  For example, the applicant can live independently but cannot function without ongoing support, or the applicant cannot live independently but does not require constant supervision or presence.

Injury category 6

- Diagnosis by a care provider who is qualified and competent to make a diagnosis with regard to psychological injuries and ensure the availability of treatment processes with a duration of many (at least more than 5) years, that have resulted in complete and permanent dependence.
  a. Structural, lasting and intensive help is required because of limitations in two or more areas of life.[13]
  b. Unable to live or function independently. Constant supervision or presence is required.
  For example, the applicant has a long-term care (WLZ) indication with residential care, or is a mental health client requiring 24-hour care.

Explanation of the guiding principles

- **Psychological symptoms** (for instance, anger, sorrow, anxiety) are considered by the Schadefonds to be normal human reactions to trauma. Psychological symptoms in themselves do not qualify 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.

[13] *Examples of areas of life include: daily living activities, household/living situation, daily routine/daytime activities, work/education, financial matters, social interaction and sexuality.*

- '**Treatment**' means: (evidence-based) treatment on the basis of a diagnosis 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.
- **'Dependence'** means dependence in relation to general day-to-day activities. General day-to-day activities are the basic acts recurring on a daily basis in different areas of life that are in line with an independent existence. The Schadefonds assesses a person's reduced capacity to take part in day-to-day life due to the consequences of the violent crime. When assessing the application, the Schadefonds considers multiple factors. Besides the general day-to-day activities this also concerns whether someone is able to maintain social contacts. Dependence can be demonstrated by for instance relevant decisions under the Social Support Act (WMO) or by the Employee Insurance Agency (UWV). If a person is only incapacitated for work, there is no question of complete dependence. If there is a fluctuating need for support (e.g. increased or reduced support), we require objective information about the reason and the duration of the support. The support must relate to the psychological injury caused by the crime.
- In principle, if already existing psychological symptoms have worsened due to the violent crime, Injury Category 1 will be awarded.