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The status of the Human Rights of Lesbian, Gay,
Bisexual, Transgender and Intersex people in
the Netherlands

Submission to the United Nations Human Rights Council by:

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Contents

Key words	3
Executive Summary	3
I. Discrimination based on sexual orientation, gender identity and sex characteristics	4
Protection against discrimination in the penal code.....	4
Discrimination in gender recognition and self-determination	5
Legal protection of trans and intersex people in the labour market.....	6
Combatting discrimination through education	6
II. Violence based on sexual orientation, gender identity and sex characteristics	7
Combatting hate crimes	7
III. Physical integrity	8
Violence against and ill-treatment of intersex children.....	8
Remedies for violations of the rights of intersex persons.....	10
IV. Highest attainable standard of physical and mental health	11
Standards of and access to gender affirmative healthcare	11
V. Summary of recommendations.....	13
Contact information.....	14

Key words

Bisexual, discrimination, education, employment, full consent, gay, gender identity, gender recognition, hate crimes, healthcare, intersex, labour market, lesbian, physical integrity, rights of the child, self-determination, sex characteristics, sexual orientation, transgender, violence

Executive Summary

1. During the second review, the Netherlands received just one recommendation directly relating to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). The state party accepted this recommendation, but has yet to follow-up.
2. Since the previous review of the Netherlands in 2012, Dutch parliament and government took important steps to further the human rights standards and policies for the protection of persons based on their SOGIESC. Even though the Netherlands shows slow progress in the follow-up of its promise made in the previous UPR cycle, the government should be commended for its adherence to the protection and emancipation of people based on sexual orientation. Much is however still to be done to equally guarantee the human rights and protection of persons with diverse gender identities or an intersex condition.
3. There remains scope for improvement in the protection of lesbian, gay, bisexual, trans and intersex (LGBTI) persons from discrimination and violence. Problems which could be tackled by an even stronger commitment of the government to the obligations it committed itself to under international human rights standards.
4. This joint NGO report gives further recommendations to the Netherlands on how to follow-up on its previous commitment and fill the gaps in human rights standards and policies based on SOGIESC. It will do so on the following themes:
 - Discrimination and violence based on sexual orientation, gender identity and sex characteristics;
 - Violations of physical integrity of trans and intersex people;
 - The highest attainable standard of and equal access to healthcare for intersex and trans people.

I. Discrimination based on sexual orientation, gender identity and sex characteristics

4. Despite relatively good anti-discrimination standards in law and policies, there are still gaps to be filled in order to guarantee equality and non-discrimination of people based on sexual orientation, gender identity and sex characteristics. Under its international and domestic obligations, the Netherlands is required to provide effective protection against discrimination of LGBTI persons. The government needs to legally guarantee protection against discrimination by upholding its penal code; act on ongoing laws and practices sustaining discrimination in gender recognition and self-determination; create legal protection against discrimination of trans and intersex people in the labour market; and, implement a proper education curricula to combat discrimination.

Protection against discrimination in the penal code

5. Of LGBTI people in The Netherlands 26 percent encountered discrimination in the public sphere¹ in the last year. Of transgender people in The Netherlands, one third experience discrimination at least once a month.² A total of 5721 cases of (all kinds of) discrimination were reported to the police in 2014, of which 1403 cases on grounds of sexual orientation or gender identity.³ These numbers show the need for good legal protection against discrimination, in particularly discrimination based on sexual orientation, gender identity and sex characteristics.
6. Recently, a draft law has been introduced in the Dutch parliament, aiming to abolish three articles in the Dutch penal Code (137 c-e) that protect against discrimination based on amongst other things sexual orientation. If the law were to be adopted, inciting hatred and insulting people on the grounds of their sexual orientation would no longer be punishable. We call on the government to do everything in its power to prevent lowering the level of protection against discrimination that the Dutch Penal Code offers and therefor prevent the abolishing of paragraphs 137 c-e.

Recommendation:

- a) Uphold existing anti-discrimination paragraphs 137 c-e of the Dutch Penal Code.

¹ LHBT-monitor 2016, Sociaal en Cultureel Planbureau, May 2016, p. 77 (comissioned by the Dutch government)

² Veilig, zolang men het niet merkt... Transgender Netwerk Nederland, October 2015, p. 3.

³ Discriminatiecijfers Politie 2014, p. 21-22. Verwey-Jonker Instituut 2015. Commissioned by the Dutch government.

Discrimination in gender recognition and self-determination

7. In the Netherlands, the right of self-determination is not protected in the gender recognition law since the freedom to determine one's gender is not fully respected. Transgender people under the age of 16 have no access to legal gender recognition. Intersex persons still need a judicial approval and transgender people aged 16 and older need an expert letter from a doctor or psychologist to get access to legal gender recognition. The expert letter as well as the lawsuit both create a financial barrier for recognition before the law.
8. The Human Rights Committee has expressed concern regarding lack of arrangements for granting legal recognition of transgender people's identities. It has urged states to recognize the right of transgender persons to change their gender by permitting the issuance of new birth certificates and has noted with approval legislation facilitating legal recognition of a change of gender.⁴
9. The assigned gender at birth is proven to be an obstacle for trans and intersex persons at school, in contact with local authorities, medical providers and in every environment where identification is requested. The lack of access to legal gender recognition goes beyond being an administrative act: it is essential in order for many trans people to be able to participate in society and live a life of dignity and respect.
10. In the recording and assignment of gender at birth, the Dutch government is not taking into account that a person's gender identity can be incongruent with the assigned gender from an early age and that sex characteristics do not have to follow the binary model male-female. Furthermore, the Dutch legal gender recognition procedures only provide the options of choosing between 'male' and 'female', leaving out non-binary trans people.
11. At the moment, the Netherlands is investigating the possibility to limit gender registration and its dissemination by public authorities. We urge the Dutch government (in case recording gender is for some purposes still necessary) to guarantee that the gender recognition reflects binary and non-binary options, is easy to change, is separated from personal records and only recorded when individuals consent.

Recommendations:

- b) Guarantee access to legal gender recognition for both intersex and transgender children and adults, without obstacles infringing the individual's right to self-determination (i.e. expert letter or lawsuit) and financial barriers
- c) Enable every individual to alter the gender as registered at the civil registry to undetermined or unregistered
- d) Enable parents of a new-born not to assign a gender at birth, to guarantee self-determination of the child at a later age
- e) Remove gender markers from ID documents

⁴ See CCPR/C/IRL/CO/3, para. 8, and CCPR/C/GBR/CO/6, para. 5.

Legal protection of trans and intersex people in the labour market

12. There is a lack of adequate legal protections against discrimination for transgender and intersex people in the labour market. The Minister of Interior has indicated to parliament it is looking in to adapting the Equal Treatment Act (Algemene wet gelijke behandeling (Awgb)) and anti-discrimination provisions to explicitly include discrimination against transgender persons. It is still uncertain if intersex will be included in such legal provisions, but highly necessary that it will be. The Netherlands has yet to implement such a specification of the law, which may be regarded as a follow-up of recommendation 98.44: Take further measures to combat discrimination in the labour market and combat in particular discrimination based on ethnic origin and discrimination targeting transgender people (France).
13. In its follow-up report of 2014, the Netherlands indicated steps to combat discrimination in the labour market in general and based on ethnic origin specifically, but did not address remedies for discrimination of transgender and intersex people in the labour market.

Recommendation:

- f) Adapt Equal Treatment Act (Awgb) to include explicit prohibition of discrimination of trans and intersex people

Combating discrimination through education

14. Education on sexual orientation and gender identity is mandatory by law in the Netherlands since 2012. Research shows that the law is not being implemented properly. Though most school staff say they find the issue important and that they do give it (some) attention in schools, only a quarter of the Dutch high school students indicate that there were proper lessons on acceptance of LGBT at their school. Four out of ten high school students (38%) indicate that the subject acceptance of LGBT has never been addressed in any way at their school. The same number of students indicated that the issues had been raised only very briefly. A mere 13% of students is very satisfied about the manner in which LGBT acceptance is discussed in school.⁶ 51 Percent of openly lesbian, gay and bisexual youth in The Netherlands have experienced discrimination because of their identity in the last 12 months. ‘Homo’ is one of the most used swearing words in Dutch schools, 87 percent of Dutch LGBT youth report it being used. Suicide rates among LGBT youth in The Netherlands are almost five times higher than average (9 percent of LGBT youth has attempted suicide as compared to 2 percent of heterosexual youth) and research shows a causality between the discrimination that LGBT-youth experience and these high suicide rates.⁷ These number clearly show the need to implement the law properly and to take additional steps to combat violence and discrimination to which the Netherlands is committed.
15. The government should make education on sexual orientation, gender identity and sex characteristics a compulsory topic in the curriculum of teacher academies. If teachers do not learn how to combat

⁵ Omgaan met seksualiteit en seksuele diversiteit. Inspectie van het Onderwijs, June 2016. Commissioned by the Dutch government.

⁶ Een Vandaag, 2016: <http://www.eenvandaag.nl/uploads/doc/Rapport%20homolessen.pdf>

⁷ Jongeren en seksuele orientatie. Sociaal en Cultureel Planbureau, January 2015. Commissioned by the Dutch government.

discrimination of LGBTI in schools during their own education, it is to be expected that the (obligatory) education on LGBTI that they give in schools will remain absent or low in quality and that discrimination against LGBTI will not decrease. A study commissioned by the Dutch Ministry of Education, Culture and Science (OCW) illustrates the lack of attention in teacher academies for combatting LGBTI discrimination⁸. The clear conclusion of the study is that teacher academies in The Netherlands give ‘almost no’ attention to the subject of how to combat discrimination of LGBTI in schools. The report also states that attention for the subject in the formal curriculum of teacher academies is insufficient and not specific enough.

16. In addition to the needed proper implementation of the law and improvement of education on tolerance and non-discrimination, there is a pressing need to include education on intersex into the curriculum of teacher academies as lack of awareness and knowledge about intersex create exclusion and discrimination of intersex persons.

Recommendation:

- g) Include promotion of tolerance and non-discrimination of LGBTI in the curriculum of all teacher academies

II. Violence based on sexual orientation, gender identity and sex characteristics

Combatting hate crimes

17. Many lesbian women, gay men, bisexual-, transgender- and intersex persons (LGBTI) in The Netherlands encounter hate crimes, but only in very few cases this results in prosecution and/or conviction of the perpetrators.
18. About seven in ten LGBTI persons in The Netherlands experience discriminatory physical or verbal violence because of their identity.⁹ Specific research among transgender persons in The Netherlands shows that 43 percent experienced violence in the last 12 months¹⁰. Thus, more than seven hundred thousand LGBTI people in The Netherlands experience violence related to their identity.¹¹ In 2014 1403 cases of hate crimes were reported to the police, up from 380 in 2008.¹² According to the police this increase in reported cases is likely to be caused both by an actual increase of violence against LGBTI as well as by more people reporting.¹³ In 2013 a total of 88 cases of (all kinds of) discrimination were prosecuted by the public prosecutor, resulting in 64 convictions. Of those about 14 percent was for

⁸ Aandacht voor sociale veiligheid op pabo's en tweedegraads lerarenopleidingen; Onderzoek uitgevoerd in opdracht van het Ministerie van OCW. Stichting Scholen Veiligheid Utrecht, November 2014.

⁹ Geweld tegen homoseksuele mannen en lesbische vrouwen. WODC/Movisie, 2009. Commissioned by the Dutch government.

¹⁰ Veilig, zolang men het niet merkt... Transgender Netwerk Nederland, October 2015, p. 3.

¹¹ Using a conservative estimate that about 6 percent of the Dutch population of 17 million is LGBTI.

¹² Discriminatiecijfers politie 2014, Verwey-Jonker Instituut, 2014. Commissioned by the Dutch government.

¹³ POLDIS rapportage 2012, p. 11. Verwey-Jonker Instituut 2013. Commissioned by the Dutch government.

discrimination on grounds of sexual orientation or identity.¹⁴ Thus, whereas hundreds of thousands LGBTI persons in The Netherlands experience hate crimes and discrimination, only about 10 perpetrators are convicted each year.

19. The Dutch government should do everything in its power to optimize law, policy and practice so as to achieve lower hate crime rates and a higher percentage of perpetrators being prosecuted and convicted.
20. In its Security Agenda 2015-2018¹⁵ the minister of Justice and Security has named the countering of ‘homophobic violence’ as one of its priorities. Unlike other priorities set in the Security Agenda, there is no specific action program to implement this priority and there are no indicators for success. We urge the Dutch government to draft an action program for countering hate crimes against LGBTI, including indicators for success. We call on the government to make an agreement with police and public prosecutor to increase the amount of perpetrators that are prosecuted for hate crimes against LGBTI.

Recommendations:

- h) Optimize law, policy and practice to lower hate crime rates and promote a higher percentage of perpetrators being prosecuted and convicted
- i) Issue an action program for countering hate crime against LGBTI, including indicators for success
- j) Make an agreement with police and public prosecutor to increase the number of perpetrators that are prosecuted for hate crimes against LGBTI

III. Physical integrity

Violence against and ill-treatment of intersex children

21. Health care for intersex children in the Netherlands is based on ‘*predict and control*’: when an intersex child is born, health professionals try to predict the future gender of the child and control the outcome of this prediction by means of medically unnecessary and irreversible surgery, treatment with hormones, other normalizing treatments and psychological support, without the free and fully informed consent of the child. This is confirmed by health professionals in medical journals¹⁶, information for general practitioners¹⁷, information for parents of newborns¹⁸ and a letter to the editor of a Dutch newspaper written by two doctors who regularly perform genital surgeries on intersex children¹⁹.

¹⁴ Parliamentary parliament document 30 950, 75, appendix p.3

¹⁵ Veiligheidsagenda 2015-2018, p.11.

¹⁶ Wolfenbittel KP. Disorders of sex development: méér dan alleen een andere naam. Tijdschrift voor Urologie. 2015;5(1):8-12; Wolfenbittel K, Feitz W, Dessens A, Lumen N, Hoebeke P. Genitale chirurgie bij jongens met disorders of sex development. Tijdschrift voor kindergeneeskunde. 2008;76(3):121-129; Wolfenbittel K, Crouch NS. Timing of feminising surgery in disorders of sex development. Understanding Differences and Disorders of Sex Development (DSD). 27: Karger Publishers; 2014. p. 210-221

¹⁷ Claahsen-van der Grinten HL, Stikkelbroeck MML, Vulmsma T. Informatie voor de huisarts over Adrenogenitaal syndroom (AGS). In: van Breukelen CW, Goren SS, Oude Vrielink S, Woutersen-Koch H, van Veldhuizen E, redactie.: Bijnierverseniging NVACP, Vereniging Samenwerkende Ouder- en Patiëntenorganisaties (VSOP), Nederlands Huisartsen Genootschap (NHG); 2011.

22. This predict and control method is a violation of the right of self-determination of the child and of the right to the highest attainable standard of physical and mental health. The term ‘predict’ is misleading, as it is very uncertain at the young age in which surgery is oftentimes conducted, how the identity of the child will develop in the future. The consequences can be severe: unnecessary surgery at young age often leads to lifelong physical and mental health issues due to the irreversible character. When children grow older and their identity becomes clear, they might be, as a consequence of the medical intervention, be confronted with a body that goes contrary to their identity. They will never be able to alter this.
23. Medical interventions on intersex children have proven negative consequences for the individual. Per example, health professionals often try to prevent virilization of female fetuses with Congenital Adrenal Hyperplasia (CAH)²⁰. There is only limited information available on the results of this type of medical intervention²¹. Studies show however, that 7 out of 8 children who were exposed to treatment had no recognizable benefit. The treatment does however have unfavorable influences on the development of cognitive functions²². Health professionals often believe that the sex assignment of children with Congenital adrenal hyperplasia (CAH) is not an issue²³. Yet a recent study showed that 10 out of 39 (25.6%) children with CAH raised as girls, frequently (5.1%) or occasionally (20.5) wishes ‘to be the other sex’. Studies say five percent of persons with CAH question the assigned sex. It is impossible to predict which of the children will belong to the group that will reject the assigned sex. Therefore, the ‘normalizing treatment’ is a violation of all children with CAH. Parents may not realize that they are de facto opting for experimental treatment for their children²⁴. This is a violation of CRPD art. 15 and CRC art. 24.1. The Dutch government perpetuates this situation, which clearly is in conflict with CRC art. 3.1 and 24.3. b We therefore highly recommend the government to protect children against unproven and unscientific medical treatments.

¹⁸ UMC St Radboud. Behandelteam meisjes met adrenogenaal syndroom (AGS): Patiënteninformatie. Nijmegen, Nederland: UMC St Radboud; 2011.

¹⁹ de Jong TPVM, Salvatore C. Achterhaalde misstanden. De Volkskrant. 6 juni 2015, Pagina 21 Sect. Opinie en Debat, Rubriek U.

²⁰ Claahsen-van der Grinten HL, Stikkelbroeck MML, Vulmsa T. Informatie voor de huisarts over Adrenogenaal syndroom (AGS). In: van Breukelen CW, Goren SS, Oude Vrielink S, Woutersen-Koch H, van Veldhuizen E, redactie.: Bijniervereniging NVACP, Vereniging Samenwerkende Ouder- en Patiëntenorganisaties (VSOP), Nederlands Huisartsen Genootschap (NHG); 2011. Claahsen-van der Grinten H, Stikkelbroeck N, Otten B, Hermus A. Congenital adrenal hyperplasia—Pharmacologic interventions from the prenatal phase to adulthood. *Pharmacology & therapeutics*. 2011;132(1):1-14.

²¹ Dreger A, Feder EK, Tamar-Mattis A. Prenatal dexamethasone for congenital adrenal hyperplasia. *Journal of bioethical inquiry*. 2012;9(3):277-294.

²² Wallenstein L, Zimmermann M, Sandberg MT, Gezelius A, Nordenström A, Tatja J, et al. Sex-dimorphic effects of prenatal treatment with dexamethasone. *Journal of Clinical Endocrinology & Metabolism*. 2016; Early release.

Maryniak A, Ginalska-Malinowska M, Bielawska A, Ondruch A. Cognitive and social function in girls with congenital adrenal hyperplasia—Influence of prenatally administered dexamethasone. *Child Neuropsychology*. 2014;20(1):60-70.

²³ E.g.: “For physicians it is obvious and unequivocal that a person with CAH and an XX karyotype has a female gender identity,” Binet A, Lardy H, Geslin D, Francois-Fiquet C, Poli-Merol ML. Should we question early feminizing genitoplasty for patients with congenital adrenal hyperplasia and XX karyotype? *Journal of Pediatric Surgery*. 2016;51(3):465-468.

²⁴ Liao L-M, Wood D, Creighton SM. Parental choice on normalising cosmetic genital surgery. *BMJ*. 2015;351.

24. We ask the government to recognize that the structural problem in the treatment of intersex children is connected to the desire of health professionals and parents to predict the future gender of the child and to control the outcome of this prediction (“predict & control”). At the same time, we invite the government to support the implementation of a system in which health professionals gather the information needed to take decisions regarding intersex when the child is old enough to provide free and fully informed consent (“measure & react”).
25. The UN Special Rapporteur on Health (A/70/213 para 112 m) and the UN Special Rapporteur on Torture (A/HRC/22/53 para 88) recommend states to end these practices. The UN Special Rapporteur on Health states that partial clitoridectomy as part of the treatment of intersex persons is a form of female genital mutilation (A/HRC/32/33 para 56). The ‘normalizing’ treatment of intersex people in the Netherlands in general is a breach of CEDAW art. 1, 5 and 12, General Recommendations 14, 19 and 31. It is also a breach of CRPD article 17(A/61/611) and in disagreement with the Joint General Comment number 18 on harmful practices of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women.

Recommendations:

- k) Implement effective legislative, administrative, judicial and other measures to ensure that no child or adult is subjected to unnecessary surgery or treatment without free and fully informed consent
- l) Implement mechanisms to protect intersex children against experimental medical treatments

Remedies for violations of the rights of intersex persons

26. Due to a lack of awareness, knowledge and willingness amongst medical professions, government officials and the judicial branch, there is still de facto impunity for health professionals performing unnecessary and irreversible surgery on intersex children. For example, partial clitoridectomy as performed with the normalizing treatment of intersex persons, is a form of Female Genital Mutilation (A/HRC/32/33 para 56). According to the Dutch Penal Code (Wetboek van Strafrecht) art. 300-304, 307, 308, this is a criminal offense punishable with imprisonment for 12 years or by a fine of max. 67,000 Euros. To date, no action has been taken to combat this violation. This is a clear breach of article 24.3 of the Convention on the Rights of the Child (CRC) which states that ‘States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.’
27. To date there are no remedies for victims. We recommend the government to start data collection on the present and past incidence of unnecessary surgery or treatment without the free and fully informed consent of intersex children and to ensure access to redress, and the right to fair and adequate compensation and rehabilitation for victims.

Recommendation:

- m) Ensure that human rights violations against intersex people are investigated and alleged perpetrators prosecuted, and that victims of such violations have access to effective remedy, including redress and compensation.

IV. Highest attainable standard of physical and mental health

Standards of and access to gender affirmative healthcare

- 28. In the Netherlands there are three centres of expertise that provide medical gender affirmative healthcare. The waiting list for access to medical gender affirmative health care is long. Around 50% of people seeking gender affirmative health care has to wait for 6 months. Specific research shows that the long waiting lists contribute to several social problems and resulting in drugs and alcohol abuse and self-medication with hormones.²⁵
- 29. Not all treatments necessary to complete the transition to male or female are covered or are only partially covered by the basic health insurance (breast reconstruction; facial surgery; erection prostheses, etc). Furthermore, knowledge about gender affirmative health care needs is not accessible for primary health care providers despite their wishes to help transgender patients basic needs (i.e. prescriptions and routine blood tests). Both result in unequal access to necessary affirmative healthcare and exacerbates social problems and resulting in drugs and alcohol abuse. We would like to stress that CEDAW, the Dutch Human Rights Commission and the Human Rights Commissioner of the Council of Europe²⁶ have all stressed the importance of the accessibility of these necessary medical treatments for transgender persons and that they should be reimbursed by public health insurance schemes.
- 30. Recent research shows that the largest gender affirmative healthcare centre treats patients according to protocols which prescribe a standard path of therapies and surgeries, presumed to be applicable to all patients. In practice, not all transgender patients wish to receive this standard treatment for several reasons. Some wish only certain therapies or surgeries, but are forced to agree to the standard treatment. If they do not agree to this, they cannot receive any treatment. The standard treatment that they do receive may include a hormonal prescription with a higher dosage than wished and even unwanted surgeries.²⁷ Patients that do not fit in the binary views about gender of those health care providers are being held to a higher degree of scrutiny before they get access to gender affirmative health care treatments. The government should ensure that no child or adult is subjected to unnecessary surgery or

²⁵ E.M. van den Boom, *Onderzoek transgenderzorg Nederland*. Amsterdam: Stichting Transvisie, 2016

²⁶ For example: Human Rights and Gender Identity. Commissioner for Human Rights, Council of Europe, 2009, p.18.

²⁷ E.M. van den Boom, *Onderzoek transgenderzorg Nederland*. Amsterdam: Stichting Transvisie, 2016, p 17.

treatment without free and fully informed consent, including for persons seeking gender affirmative healthcare.

31. Pathologization of trans and intersex people is still widespread. This has severe consequences for the well-being of both children and grown-ups as they are regularly being confronted with the idea that they are suffering from mental and psychological issues. One important step to depathologize transgender people's gender affirmative health care, is to abolish the diagnosis genderdysphoria for prepubertal children since they do not need medical treatments yet.

Recommendations:

- n) Guarantee equal access to basic gender affirmative health care through primary health care providers and reimbursement of all aspects of gender affirmative health care
- o) Abolish the diagnosis genderdysphoria for prepubertal children and implement further mechanisms to depathologize transgender people's gender affirmative health care needs
- k) Implement effective legislative, administrative, judicial and other measures to ensure that no child or adult is subjected to unnecessary surgery or treatment without free and fully informed consent

V. Summary of recommendations

We strongly encourage the United Nation Human Rights Council to make the following recommendations to The Kingdom of the Netherlands:

- a) **Uphold existing anti-discrimination paragraphs 137 c-e of the Dutch Penal Code**
- b) **Guarantee access to legal gender recognition for both intersex and transgender children and adults, without obstacles infringing the individual's right to self-determination (i.e. expert letter or lawsuit) and financial barriers**
- c) **Enable every individual to alter the gender as registered at the civil registry to undetermined or unregistered**
- d) **Enable parents of a new-born not to assign a gender at birth, to guarantee self-determination of the child at a later age**
- e) **Remove gender markers from ID documents**
- f) **Adapt Equal Treatment Act (Awgb) to include explicit prohibition of discrimination of trans and intersex people**
- g) **Include promotion of tolerance and non-discrimination of LGBTI in the curriculum of all teacher academies**
- h) **Optimize law, policy and practice to lower hate crime rates and promote a higher percentage of perpetrators being prosecuted and convicted**
- i) **Issue an action program for countering hate crime against LGBTI, including indicators for success**
- j) **Make an agreement with police and public prosecutor to increase the number of perpetrators that are prosecuted for hate crimes against LGBTI**
- k) **Implement effective legislative, administrative, judicial and other measures to ensure that no child or adult is subjected to unnecessary surgery or treatment without free and fully informed consent.**
- l) **Implement mechanisms to protect intersex children against experimental medical treatments**
- m) **Ensure that human rights violations against intersex people are investigated and alleged perpetrators prosecuted, and that victims of such violations have access to effective remedy, including redress and compensation.**
- n) **Guarantee equal access to basic gender affirmative health care through primary health care providers and reimbursement of all aspects of gender affirmative health care**
- o) **Abolish the diagnosis genderdysphoria for prepubertal children and implement further mechanisms to depathologize transgender people's gender affirmative health care needs**

Contact information

If you require more information or clarification on the content of this Report you may contact the following organizations:

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