



Alternative report for the 81st session of the Pre-Sessional Working Group of
the Committee on the Elimination of Discrimination Against Women

The Netherlands

5 July – 9 July 2021

Joint NGO submission by:

NNID – Netherlands organization for sex diversity

TNN – Transgender Netwerk Nederland

COC Nederland

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Summary of suggested questions

NNID, TNN and COC suggest to the Committee to ask the Government of the Netherlands:

What measures have been taken to protect the rights of intersex people, such as a legal ban on non-consensual unnecessary medical treatments on intersex children, that can be safely deferred until a later age when intersex children can provide personal, prior, free, and fully informed consent, and the development and implementation of a rights-based health-care protocol for intersex people?

What steps have been taken to optimize the legal protection of LGBTI people against hate crimes and prosecuting and convicting perpetrators?

How does the government of The Netherlands guarantee the continuation and improvement of data collection on the situation of LGBTI persons, including, but not limited to, social and physical wellbeing of LGBTI persons?

How is the access to legal gender recognition for both intersex and transgender children and adults guaranteed, without obstacles infringing the individual's right to self-determination (i.e., expert letter or lawsuit) and financial barriers?

Which measures are taken to enable individuals to alter their legal gender registration to 'undetermined' or 'unregistered'?

What measures are taken to guarantee equal access to basic gender affirmative health care through primary health care providers and reimbursement of all aspects of gender affirmative health care?

How does the government contribute in depathologization of protocols for gender affirmative health care, based on the new categories of gender affirmative health care provided by the ICD-11.

Which steps are taken to provide early access and reimbursement to gender affirmative health care, especially hormone treatment and specialized mental health support, for all transgender asylum seekers in asylum centers?

Which measures are taken to guarantee equal access to sexual health care for women?

Which measures have been taken to include women in studies on the applicability of STI prevention and treatment?

What steps have been taken to improve the key targets for education on sexual diversity, to include gender diversity and sex diversity in the said key targets, and to implement the said key targets in all schools throughout the country?

What steps have been taken to guarantee structural attention to sexual, gender, and sex diversity in teacher education?

What measures are taken to ensure that the Inspectorate of Education monitors laws and regulations closely and takes appropriate measure in case of non-compliance by schools?

What measures are taken to protect the safety of LGBTI students, to end rejection of LGBTI students in schools and to guarantee the acceptance of LGBTI students in the educational system?

What policies regarding employment and workplace discrimination of transgender and intersex people are being developed to follow-up the change in the Equal treatment regarding the non-discrimination ground of gender and sex characteristics?

What is being done, in corroboration with (transgender) sex workers, to decriminalize sex work through legislation and improvement of their working conditions, including (migrant) the specific situation of transgender sex workers?

Introduction

NNID, TNN and COC Nederland¹ have taken note of the invitation to submit a written contribution for the development of the List of Issues Prior to Reporting by the pre-sessional working group for the 81st session (5-9 July 2021).

This alternative report highlights key issues that affect lesbian, bi+, transgender and intersex persons in the Netherlands. The report also provides more information on the actions taken by the government of the Netherlands following the recommendations on LGBTI issues in the concluding observations of 1457th and 1458th meeting of the Committee on the Elimination of Discrimination Against Women (CEDAW) in 2016.

The key issues are categorized into different sections, based on the articles of the Convention on the Elimination of All Forms of Discrimination against Women. Each section is concluded with suggestions for the development of the List of Issues Prior to Reporting for the Netherlands.

¹ **NNID Foundation** is an intersex-led human rights organization working for the equality, rights, and visibility of intersex people, **TNN** (Transgender Network Nederland) works on the acceptance of gender diversity and the equality of transgender persons, **COC Nederland** is the largest Dutch LGBTI organization in the Netherlands. The three organizations are part of an alliance funded by the Dutch Ministry of Education, Culture, and Science (https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2017Z05577&did=2017D11620)

Harmful Practices and violence against intersex children (Article 1, 2, 5, GR. no. 31, no 35)²

Harmful practices for intersex children include non-necessary medical interventions, and intrusive and irreversible treatments, that can be safely deferred until a later age when these children can provide personal, prior, free, and fully informed consent. While there are strict laws prohibiting female genital mutilation, there are no limits for adjusting the genitals or reproductive organs of girls that are first given a medical diagnosis to indicate that they are intersex. These treatments include surgical interventions, to adjust the appearance of external sex characteristics and to remove internal reproductive organs that are not in line with the assigned sex³, hormone treatments, and psychological treatments to enforce and strengthen the assigned sex and gender. As a result of these unnecessary treatments, these children will often require life-long medical care.

In its concluding observations following the 1457th and 1458th meeting in 2016, the Committee recommended that the Kingdom of the Netherlands would develop a rights-based health-care protocol for intersex children:

'22 (f): Develop and implement a rights-based health-care protocol for intersex children that ensures that children and their parents are properly informed of all options, that children are, to the greatest extent possible, involved in decision-making about medical interventions and that their choices are fully respected'

To this date, there is no rights-based health-care protocol for intersex children in the Netherlands. There have been attempts to develop a health-care protocol for intersex people, but it is unclear when a health-care protocol will be installed. It is also uncertain if such health-care protocol will be rights-based and can ensure full information. Since health-care protocols are not legally binding in the Netherlands, a legal prohibition on non-consensual unnecessary medical treatments that can be safely deferred until a later age when these children can provide personal, prior, free, and fully informed consent is also needed to protect the human rights of intersex children.⁴

While intersex is not a disease, intersex people are often treated by society and health workers as if they have a defect to be fixed by surgery and medicine. A Dutch Urologist indicated that some procedures generally take place approximately one year after birth.⁵ While growing up, intersex children are often subjected to regular genital exams. Recent European research, which included the Netherlands, has shown that at least five percent of **all** intersex children change their assigned gender, including those with forms of intersex that are often not recognized at birth. In about 80% of those cases, the shift occurs before puberty.⁶

² General recommendation 35 clarifies that violence against women and harmful practices falls under art 1, 2 and 5 of the convention. The effects of non-consensual unnecessary medical interventions to change the sex characteristics of intersex children are comparable to the effects of female genital mutilation described in General Recommendation No. 31 Article 19.

³ Shnorhavorian M, Fechner PY, Disorders of Sexual Differentiation. In: Avery's Diseases of the Newborn (Tenth Edition), 2018

⁴ A legal ban was recommended by CAT: CAT/C/NLD/CO/7

⁵ Barbara Kortmann: We opereren alleen een kind met DSD als het hele team, samen met ouders en kind, besloten heeft dat we daar goed aan doen. https://www.cyberpoli.nl/dsd/interviews/intvw_barbarakortman. Accessed 12 December 2019.

⁶ Falhammar H, Claahsen-van der Grinten HL, Reisch N, Slowikowska-Hilczek J, Nordenstrom A, Roehle R, et al. Health status in 1040 adults with disorders of sex development (DSD): a European multicenter study. Endocrine Connections. 2018. (<https://doi.org/10.1530/ec-18-0031>).

It is often denied unnecessary medical treatments on intersex people still take place. However, there is ample evidence to the contrary. The European Society for Pediatric Urology and the Society for Pediatric Urology released a statement early 2020 to support continuing medical treatments that violate the right to self-determination of intersex children.⁷ Newspapers show that several young children undergo genital surgery every day according to several urologists⁸ and an endocrinologist⁹. These practices are also described in medical scientific publications¹⁰, patient information¹¹ and information for general practitioners¹². At medical conferences, presentations on intersex (under the medical term DSD) still detail cases, sharing images of intersex children's genitalia, and the surgical techniques used.¹³

Regarding physical integrity and autonomy of intersex children and the recommendation (22f) presented in the concluding observations during the 65th session of CEDAW:

NNID, TNN and COC suggest to the Committee to ask the Government of the Netherlands:

What measures have been taken to protect the rights of intersex people, such as a legal ban on non-consensual unnecessary medical treatments on intersex children, that can be safely deferred until a later age when intersex children can provide personal, prior, free, and fully informed consent, and the development and implementation of a rights-based health-care protocol for intersex people?

⁷ **ESPU - SPU Consensus statement 2020: Management of Differences of Sex development (DSD)**. Draft published online at: <https://www.espu.org/members/documents/383-espu-spu-consensus-statement-2020-management-of-differences-of-sex-development-dsd> (accessed 20 April 2020).

⁸ **Hulshof A.** Kinderen met een onduidelijk geslacht: soms is vroeg opereren beter dan niets doen: Interview Kinderuroloog Barbara Kortmann Amsterdam, Nederland 2021 [adjusted 24 februari 2021; accessed 26 maart 2021 2021]. 24 februari 2021. URL: <https://www.trouw.nl/zorg/kinderen-met-een- onduidelijk-geslacht-soms-is-vroeg-opereren-beter-dan-niets-doen~b4f45d-/>. "Hopefully in twenty, thirty years these children will be much more accepted. Unlike in the past, many parents today have no problem at all if their child is homosexual. Although of course there is still a lot of gay discrimination in the Netherlands."

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

Joosten O. Iedere week wordt er in Nederland een kindje geboren met een onduidelijk geslacht [Brandpunt]. Hilversum, Nederland: KRO/NCRV; 2016 [accessed 22 May 2016]. 26 April 2016. URL: <http://brandpunt.kro-ncrv.nl/brandpunt/iedere-week-wordt-er-in-nederland-eeen-kindje-geboren-met-eeen-onduidelijk-geslacht/>.

Peters L. Hoe om te gaan met kinderen van wie het geslacht onduidelijk is. De Volkskrant. 7 april 2018, Pagina 14-16 Sect. Zaterdag.

Hulshof A. Wen Long (9) wil gewoon zichzelf zijn, als meisje én jongen. Trouw, 15 October 2020. [Accessed 15 October 2020] URL:

<https://www.trouw.nl/cultuur-media/wen-long-9-wil-gewoon-zichzelf-zijn-als-meisje-en-jongen>

⁹ **Oosterom R.** 'De eerste reflex van ouders is vaak: Dokter, kunt u het goed maken?'. Trouw. 27 juli 2017, Pagina 7 Sect. Vandaag.

¹⁰ **Davis K.** Dubious equalities and embodied differences: Cultural studies on cosmetic surgery: Rowman & Littlefield; 2003.

¹¹ **Deem K.** Intersexe kinderen mogen in Duitsland voortaan zelf beslissen over hun lichaam Amsterdam: DPG Media; 2021 [accessed 28 March 2021]. 27 March 2021. URL: <https://www.trouw.nl/buitenland/intersexe-kinderen-mogen-in-duitsland-voortaan-zelf-beslissen-over-hun-lichaam~beff2.46/>.

¹² **Dehue T.** Beter mens - over gezondheid als keuze en koopwaar. Amsterdam: Uitgeverij Augustus / Atlas Contact; 2014.

¹³ A Dutch urologist said at a conference:

'And in a very large proportion of children who are born with sex characteristics that are a little unclear we often find no [medical] cause and you end up calling it a severe form of hypospadias. So it was with this little boy. And these parents had a strong desire to have this child operated on so that he would look a little more boyish. We do that kind of surgery as well.[...] I can tell you, I can't perform magic. I can operate but I don't make perfectly normal penises, not a perfectly normal urethra. So the wish of parents that their child has as normal a dick as other boys, I can't satisfy that.'

Kortmann B. Genitale chirurgie bij DSD. "Ik kan niet toveren" (Transcription presentation). NVVS Najaarscongres 2019: Geslachtsvariatie en Seksualiteit: voorbij het binaire denken; 29 November 2019; De Reehorst, Ede: Nederlandse Wetenschappelijke Vereniging voor Seksuologie; 2019.

Hate crimes (Article 1, general recommendations 12, 19)

Lesbian women, bisexual-, transgender- and intersex persons (LBTI) in the Netherlands have a high chance to encounter hate crimes. However, only in very few cases does this result in prosecution and/or conviction of the perpetrators.¹⁴

One in five LGBT persons has encountered LGBT-related violence.¹⁵ Most violence against lesbian or bisexual women has sexual connotations.¹⁶ Of transgender women in the Netherlands, 46% has experienced violence in the year prior a 2015 study.¹⁷ According to the EU LHBTI Survey, one in ten LGB persons in the Netherlands has been physically attacked in the five-year period before the research.¹⁸ The same research shows that 22% of intersex people in Europe experienced a physical and/or sexual attack and 38% experienced violent in-person threats.¹⁹

In its concluding observations following the 1457th and 1458th meeting in 2016, the Committee recommended that the Kingdom of the Netherlands would intensify efforts to combat hate crimes against LBTI persons:

24. In line with its general recommendation No. 19 (1992) on violence against women, the Committee recommends that the State party:

(f) Intensify efforts to combat hate crimes against lesbian, bisexual and transgender women and intersex persons.

Around one fifth of the LBTI persons in the Netherlands has reported physical or sexual attacks to the police, and only one in ten filed a report with an anti-discrimination facility.²⁰ Almost one third of all reports of discrimination filed with the police in 2019 concerned discrimination based on sexual orientation; this is a slight decrease since 2018 (29% versus 32%). Out of these reports, 16% concerned threats, and 17% concerned violence. Reports made to anti-discrimination facilities, however, show a significant increase in cases of discrimination based on sexual orientation: from 4% in 2018 to 9% in 2019.²¹ It is noticeable that with the high instances of violence against transgender and intersex persons that there is severe underreporting to the police of such cases. No reports were filed by intersex people.

Dutch criminal law does not recognize hate crimes as such, but criminal offences with a bias motive are considered aggravating and punishable under Art. 137c of Dutch Penal Code. This article mentions someone's (or a group's) sexual orientation as a bias motive, but there is no

¹⁴ Movisie (2021) Handreiking LHBTI-emancipatie. Feiten en cijfers op een rij.

¹⁵ Feddes, R. & Jonas, K. (2016) LGBT Hate Crime, Psychological Well-Being, and Reporting Behaviour: LGBT Community and Police Perspectives. Amsterdam: Universiteit van Amsterdam.

¹⁶ Felten, H & Schuyf, J. (2011) Zoenen is gevaarlijk. Onderzoek naar geweld tegen lesbische vrouwen, Utrecht: Movisie.

¹⁷ Transgender Netwerk Nederland (2015) 'Veilig, zolang men het niet merkt...' Een onderzoek naar de veiligheid van transgender personen in de openbare ruimte in Nederland.

¹⁸ European Union Agency for Fundamental Rights (2020) A long way to go for LGBTI equality. EU LGBTI Survey II. Luxembourg: Publications Office of the European Union.

¹⁹ European Union Agency for Fundamental Rights (2020) A long way to go for LGBTI equality. EU LGBTI Survey II. Luxembourg: Publications Office of the European Union.

²⁰ European Union Agency for Fundamental Rights (2020) A long way to go for LGBTI equality. EU LGBTI Survey II. Luxembourg: Publications Office of the European Union.

²¹ Discriminatiecijfers 2019. Een rapport over registraties van discriminatie- incidenten door de politie, en meldingen bij antidiscriminatie voorzieningen en andere organisaties in Nederland. (2020) Ministerie van Binnenlandse Zaken en Koninkrijksrelaties, de Nationale Politie en Art.1.

mention of gender or sex. Dutch judges and public prosecutors rarely accept swearing with words such as ‘manwif’ (derogatory word for woman, with the indication she is too manly) as discrimination, and thus as aggravating circumstances, because these words are considered everyday language.²²

To promote the social and physical safety of LGBTI persons, the Minister of Justice and Security and the Minister of Education, Culture and Science jointly launched the perennial *Action Plan Safety LGBTI 2019-2022*.²³ However, according to COC, NNID and TNN, the Action Plan does not provide new measures, nor measures that are far-reaching enough.²⁴

Solid research and data collection are essential for efficient LGBTI policy. To this end, the Netherlands Institute for Social Research publishes a biannual LGBT Monitor.²⁵ However, no report has appeared since 2018 and it is currently unclear if and when the new report will appear. In addition, the LGBT Monitor provides limited to no insight on the situation of transgender and intersex persons.

Regarding the high rates of hate crimes against LGBTI persons, the severe underreporting to the police of such cases, the fact that only in a few cases of hate crime the perpetrators are prosecuted and/or convicted and the recommendation (24f) presented in the concluding observations during the 65th session of CEDAW:

NNID, TNN and COC suggest to the Committee to ask the Government of the Netherlands:

What steps have been taken to optimize the legal protection against hate crimes based on sexual orientation, gender identity and sex characteristics, and to prosecute and convict perpetrators?

How does the government of The Netherlands guarantee the continuation and improvement of data collection on the situation of LGBTI persons, including, but not limited to, social and physical wellbeing of LGBTI persons?

²² **Kruize, P. & Gruter, P.** (2020): Discriminatieaspect als strafverzwarende omstandigheid: Cijfers en praktijkervaringen, Den Haag: Wetenschappelijk Onderzoek- en Documentatiecentrum (WODC).

²³ **Ministry of Justice and Safety** (April 2, 2019), letter to Parliament: ‘Action Plan Safety LGBTI’.

²⁴ **COC Nederland** (April 3, 2009) LHBTI-beweging boos over ambitieeloos actieplan tegen geweld (<https://www.coc.nl/homepage/lhbt-beweging-boos-over-ambitieuos-actieplan-tegen-geweld>).

²⁵ **Buisekom, G. van & Kuyper, L.** (2018): LHBT-monitor 2018. De leefsituatie van lesbische, homoseksuele, biseksuele en transgender personen in Nederland, Den Haag: Sociaal-Cultureel Planbureau.

Legal gender recognition (Article 1, 2, 3, 15)

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. It leads to forms of discrimination and directly impacts the life of trans and intersex persons. The lack of access to legal gender recognition goes beyond being an administrative act: it is essential for many trans and intersex people to be able to participate in society and live a life of dignity and respect.

The ability to obtain legal recognition of one's gender identity is an important aspect of the right to privacy and to equal recognition and protection before the law. Failure to recognize the gender identity of transgender and intersex women is a breach of Articles 15 of CEDAW.

Over the past years, the government has taken steps to tackle this form of discrimination. In its sixth report, the government rightfully notes in paragraph 185 that the Gender Identity Recognition Act (*Wet erkenning genderidentiteit*, 18 December 2013, Bulletin of Acts and Decrees 2014-1) has removed from law the sterilization requirement and the requirement of physical adaptation to the desired gender in connection with sex registration. Anyone aged 16 or over may request a Registrar of Births, Deaths, Marriages and Registered Partnerships to change the sex on their birth certificate.

However, the government also acknowledges that this can only be done, provided one can submit an expert statement in support of a request. The NGO's hold that the by law prescribed expert statement is in contradiction with articles 1, 2, 3 and 15 of CEDAW. The right to determine one's gender is not fully respected and amounts to discrimination in law, practice and policy. Intersex persons still need a judicial approval and transgender persons 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. Transgender and intersex persons under the age of 16 have no access to legal gender recognition.

In the recording and assignment of gender at birth, the Dutch government is still 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 societal expectations of male or female. Furthermore, the Dutch legal gender recognition procedures only provide the options of choosing between 'male' and 'female', leaving out non-binary trans and intersex people.

Currently, the Netherlands government has sent a proposal to change the Gender Identity Recognition Act. The expert letter will be removed in favour of self-declaration for anyone older than sixteen. For anyone younger than sixteen a request has to be made to a judge who will have to consider the interest of the child. No option for non-binary people has been presented for them to get their gender recognized. We urge the Dutch government to guarantee that the gender recognition reflects binary and non-binary options, is easy to change for both children and adults, Dutch residents, migrants, and refugees, is separated from personal records and only recorded when individuals consent.

NNID, TNN and COC therefore suggest to the Committee to ask the Government of the Netherlands:

How is access to legal gender recognition for both intersex and transgender children and adults guaranteed, without obstacles infringing the individual's right to self-determination (i.e., expert letter or lawsuit) and financial barriers?

Which measures are taken to enable individuals to alter their legal gender registration to 'underdetermined' or 'unregistered'?

Equal access to health care (Article 12)

Transgender

In the Netherlands there are three centres of expertise that provide medical gender affirmative healthcare to the vast majority of trans people seeking this medical care. The waiting-lists to receive an intake at these centres increased from 24 weeks in 2016 to 65 weeks in 2021. Research shows that the long waiting-lists contribute to several social problems and result in drugs and alcohol abuse and self-medication with hormones.²⁶

The basic health insurance does not cover, or only partially covers, treatments necessary to complete the gender affirmative treatment. In 2020, separate funding was introduced for breast augmentation, to support trans people who need breast implants. However, other necessary affirmative health care is still difficult to access due to absence of coverage or disproportionate conditions. The health insurance coverage is based on an outdated idea about which gender affirmative treatments are deemed necessary. Growing awareness about personal wishes regarding necessary gender affirmative treatments among those who need these treatments is not met with plans to improve the health insurance coverage. A number of treatments are therefore inaccessible for many transgender people.

A guideline to improve knowledge and set standards on gender affirmative health care to be provided by general practitioners is also still absent, despite the expressed need to be able to receive support from general practitioners by trans people. Professionals across the board within Dutch trans health care agree that a guideline and a health standard are necessary for primary health providers.

The lack of knowledge and unequal access to necessary affirmative healthcare exacerbates social problems, leading for instance to drugs and alcohol abuse. The NGOs would like to stress that CEDAW, the Dutch Human Rights Commission and the Human Rights Commissioner of the Council of Europe⁸ 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.

Pathologization of trans 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. The incentive provided by the World Health Organization depathologizing trans people's need for gender affirmative health care with the introduction of new categories within ICD-11²⁷ has not led to the Dutch centres of expertise presenting any plans to rethink their protocols. These protocols still centre the premise that trans people need to receive a diagnosis by a psychologist or psychiatrist as precondition for receiving the medical gender affirmative treatments they need.

NNID, TNN and COC suggest to the Committee to ask the Government of the Netherlands:

²⁶ E.M. van den Boom, *Onderzoek transgenderzorg Nederland*. Amsterdam: Stichting Transvisie, 2016

²⁷ International classification of Diseases, 11th edition, categories Genderincongruence in adolescents and adults and Gender incongruence in children.

What measures are taken to guarantee equal access to basic gender affirmative health care through primary health care providers and reimbursement of all aspects of gender affirmative health care?

How does the government contribute in depathologization of protocols for gender affirmative health care, based on the new categories of gender affirmative health care provided by the ICD-11?

Transgender asylum seekers

Access to gender affirmative health care for transgender asylum seekers is severely limited and mostly absent. The rules to receive hormone treatment are very strict. Asylum seekers are only eligible for this treatment, when one can provide proof of receiving care in their country-of-origin. Without proof they need to wait to get residence status before they can seek gender affirmative treatment at a centre of expertise, where they will be placed on the general waiting lists. It has to be taken into regard that asylum procedures can take up at least two years after which a refugee with residence permit still needs to wait 60 weeks for gender affirmative treatments. This leaves them severely vulnerable for mental health crises on top of already being vulnerable with many of them having experienced (sexual) abuse and violence in their country of origin.

Which steps are taken to provide early access and reimbursement to gender affirmative health care, especially hormone treatment and specialized mental health support, for all transgender asylum seekers in asylum centers?

Intersex

Due to medical trauma, adult intersex people often refuse (specialized) medical care. Medical studies indicate that there is a large number of intersex people lost to follow up.²⁸ The NGOs have received reports from intersex people who are no longer in contact with medical staff that they were overmedicalized and had traumatic experiences. While this trauma is not often spoken about, those who do refer to (repeated) genital exams as children, at times with multiple attendants.²⁹ Due to non-consensual unnecessary medical treatment many intersex people require lifelong medical care. However, because of childhood trauma they do not have access to needed healthcare.

²⁸ Alpern AN, Gardner M, Kogan B, Sandberg DE, Quittner AL. Development of Health-Related Quality of Life Instruments for Young Children with Disorders of Sex Development (DSD) and Their Parents. *Journal of Pediatric Psychology*. 2017;42(5):544-558. <https://doi.org/10.1093/jpepsy/jsw022>
Broekhuijsen-van-Henten D, de-Vroede M. Follow-up van Volwassen Vrouwen Met het Syndroom van Turner Bij een Utrechts Cohort. *Ned-Tijdschr-Geneeskd*. 2007;151:1630-1634.

Callens N, De Cuyper G, T'Sjoen G, Monstrey S, Lumen N, Van Laecke E, et al. Sexual Quality of Life after Total Phalloplasty in Men with Penile Deficiency: An Exploratory Study. *World journal of urology*. 2015;33(1):137-143. <https://doi.org/10.1007/s00345-014-1283-88>.

Callens N, van Kuyk M, van Kuppenveld JH, Drop SL, Cohen-Kettenis PT, Dessens AB, et al. Recalled and Current Gender Role Behavior, Gender Identity and Sexual Orientation in Adults with Disorders/Differences of Sex Development. *Hormones and Behavior*. 2016;86:8-20.

<https://doi.org/10.1016/j.yhbeh.2016.08.008>

Devernay M, Ecosse E, Coste J, Carel J-C. Determinants of Medical Care for Young Women with Turner Syndrome. *The Journal of Clinical Endocrinology & Metabolism*. 2009;94(9):3408-3413. <https://doi.org/10.1210/jc.2009-0495>

Freriks K. Turner Syndrome in Adulthood: A Childhood Disease Grown Up [Proefschrift]. Nijmegen: Radboud Universiteit; 2015.

Hutson JM, Warne GL, Grover SR. Short-, Medium- and Long-Term Outcomes Following Surgery for Disorders of Sex Development (DSD) at Royal Children's Hospital. *Disorders of Sex Development - an Integrated Approach to Management*: Springer; 2012. p. 265-277.

²⁹ A. Tukker. Spoken Word at Mama Cash Feminist Festival 8 March 2018. <https://www.facebook.com/nnid.nl/videos/1867630819982852>.

Peters, L. Hoe om te gaan met kinderen van wie het geslacht onduidelijk is. *De Volkskrant*. 6 April 2018, Sect. Zaterdag, 14-16

LBTI women

LBTI women in the Netherlands have restricted access to sexual healthcare. At municipal health services, free STI testing is often available for men, but not available for women (except for sex workers), and the free home test service 'Testlab' is not available to women.³⁰ Women therefore often rely on (paid) GP care for STI prevention/treatment.

In addition, women have limited access to PrEP (pre-exposure prophylaxis) in protecting against HIV. Dutch studies on the applicability of PrEP include only two trans women, therefore no reliable statements can be made about the applicability of PrEP for women. Women are not included in the national PrEP guidelines, except for female sex workers who engage in condom less (anal) sex with costumers, and women who want to get pregnant by a HIV positive partner.³¹ Consequently, women rely on the willingness of GPs to deviate from the national guidelines if they want to get access to PrEP.

NNID, TNN and COC therefore suggest to the Committee to ask the Government of the Netherlands:

Which measures are taken to guarantee equal access to sexual health care for women?

Which measures have been taken to include women in studies on the applicability of STI prevention and treatment?

³⁰ <https://mantotmantestlab.nl>

³¹ **Hoornenborg, E. & Rijnders, B.** (2019 [2016]): HIV Pre-expositie profylaxe (PrEP) richtlijn Nederland, Leiden: Nederlandse Vereniging van HIV Behandelaren (NVHB).

Education (Article 10)

Discrimination of lesbian, bisexual, trans and intersex persons persists in the Netherlands and has a great impact on everyday life of LGBTI youth. 51 Percent of openly lesbian and bisexual youth in the Netherlands have experienced discrimination because of their identity in the last 12 months³². There are no national figures available on the discrimination of intersex people. However, European research shows that 36% of the intersex people felt discriminated against in the context of school and university³³.

Research shows a causality between the discrimination that LBT-youth experience and higher suicide rates³⁴. Suicide rates among LBT youth in The Netherlands are almost five times higher than average (9 percent of LBT youth has attempted suicide as compared to 2 percent of heterosexual youth). Although there is no country specific data on the suicide rates of intersex youth, a study on intersex people in Europe who were still in contact with doctors concluded intersex people were almost 4 times more likely than the average population to attempt suicide.³⁵

In recent years, multiple cases of rejection of LGBTI students in high schools were reported³⁶. Research showed that 1 in 5 conservative Protestant Christian schools, called “reformatorische scholen” explicitly rejects homosexuality³⁷. The results also show that these schools do not accept gender- and sex diversity and have strict rules that define how male and female students should behave. Most of these schools have a mandatory ‘identity agreement’ that parents and students must sign in which sexual, gender and sex diversity are rejected.

Although the Dutch government has a structural commitment to improve the situation of LGBTI children within the education system, such as the Gender and Sexuality Alliances (GSAs) in schools, more action is needed to protect the safety and wellbeing of LGBTI students in the educational environment. A 2018 research by Columbia University into the experiences of LGBTI youth in Dutch schools found that nearly half (47,1%) of the participating students reported that teachers and other school staff did not intervene when confronted with homophobic remarks³⁸. Transgender children receive threats and face violence at school. European research conducted in 2019 found that half the intersex children (ages 15-17) in Europe experienced bullying, national figures are not available³⁹.

³² **Sociaal en Cultureel Planbureau**, January 2015. Jongeren en seksuele oriëntatie. Commissioned by the Dutch government.

³³ **European Union Agency for Fundamental Rights** (2020) A long way to go for LGBTI equality. EU LGBTI Survey II. Luxembourg: Publications Office of the European Union.

³⁴ **Sociaal en Cultureel Planbureau**, January 2015 Jongeren en seksuele oriëntatie.. Commissioned by the Dutch government.

³⁵ **Falhammar H, Claahsen-van der Grinten HL, Reisch N, Slowikowska-Hilczner J, Nordenstrom A, Roehle R, et al.** Health status in 1040 adults with disorders of sex development (DSD): a European multicenter study. *Endocrine Connections*. 2018. <https://doi.org/10.1530/ec-18-00>

³⁶ <https://www.trouw.nl/religie-filosofie/mogen-reformatorische-scholen-eisen-dat-ouders-homoseksualiteit-afwijzen-verbieden-zet-alleen-maar-kwaad-bloed~be296ea6/>

<https://www.nrc.nl/nieuws/2021/03/26/school-duwt-kinderen-ongevraagd-uit-de-kast-a4037387>

³⁷ <https://pointer.kro-ncrv.nl/een-op-de-vijf-reformatorische-scholen-vindt-homohuwelijk-moreel-onacceptabel>

³⁸ **Pizmony-Levy, O.** (2018). The 2018 Dutch National School Climate Survey Report. Research Report. New York: Teachers College, Columbia University.

³⁹ **European Union Agency for Fundamental Rights** (2020) A long way to go for LGBTI equality. EU LGBTI Survey II. Luxembourg: Publications Office of the European Union.

In 2012, the key targets for education were adjusted; since then, schools are required to offer education on sexual diversity⁴⁰. In 2016 the Dutch Inspectorate of Education reviewed the headline targets and found that implementation still falls short. Schools and teachers are generally willing to implement the headline targets but lack knowledge, and the government does not provide clear guidelines⁴¹. The Inspectorate found that education on sexual diversity, gender diversity, and sex diversity are not part of the regular curriculum; schools did not develop a vision or concrete goals for implementing the headline targets, and schools did not keep track of results of education on sexual diversity. Although the Dutch Inspectorate published a thematic report, there is no structural monitoring of the headline targets. The headline targets are still under review, and it is unclear whether the renewed headline targets would be an improvement and offer a clear standard for schools to strive towards.

NNID, TNN and COC therefore suggest to the Committee to ask the Government of the Netherlands:

What steps have been taken to improve the key targets for education on sexual diversity, to include gender diversity and sex diversity in the said key targets, and to implement the said headline key in all schools throughout the country?

What steps have been taken to guarantee structural attention to sexual, gender, and sex diversity in teacher education?

What measures are taken to ensure that the Inspectorate of Education monitors laws and regulations closely and takes appropriate measure in case of non-compliance by schools?

What measures are taken to protect the safety of LGBTI students, to end rejection of LGBTI students in schools and to guarantee the acceptance of LGBTI students in the educational system?

⁴⁰ COC Nederland (2012) LHBT-voorlichting eindelijk verplicht. Retrieved from <https://www.coc.nl/jong-school/lhbt-voorlichting-eindelijk-verplicht>.

⁴¹ Inspectie van Onderwijs (2016) Omgaan met seksuele diversiteit. Utrecht: Inspectie van Onderwijs.

Employment (Article 11)

Transgender persons still face discrimination and related problems in employment and the labour market. Unemployment and disability rates are significantly higher among transgender people⁴². Many live around or under the poverty line.⁴³

In 2019, legislation clarifying that the non-discrimination ground of gender within in the Equal Treatments Act⁴⁴ needs to be understood as including gender identity, gender expression and sex characteristics came into effect. The practicalities of this amendment for the position of transgender and intersex persons on the labour market and in the workplace are not yet clear. A recent SEOR publication recommends attention for issues such as access to changing rooms and toilets, and information campaigns to prevent (informal) workplace discrimination to help both employers create a safer work environment as well as help transgender and intersex employees feel safer.

Sex work is a field of work where many transgender women can create an independent income. Current policies towards sex work contribute to an unsafe work environment for the many transgender sex workers with a migrant background. Although sex work is legal, national and local policies tend to criminalize those who cannot obtain a license to work or work at a licensed location. Many licensed locations (like windows) have and are being closed. This forces sex workers to work without a license, which is illegal. Discrimination of transgender sex workers happens both by licensed and non-licensed locations, which is why transgender sex workers work disproportionately in unsafe conditions, with severe consequences regarding their health, independence and integrity.

NNID, TNN and COC therefore suggest to the Committee to ask the Government of the Netherlands:

What policies regarding employment and workplace discrimination of transgender and intersex people are being developed to follow-up the change in the Equal treatment regarding the non-discrimination ground of gender and sex characteristics?

What is being done, in corroboration with (transgender) sex workers, to decriminalize sex work through legislation and improvement of their working conditions, including (migrant) the specific situation of transgender sex workers?

⁴² SEOR, De arbeidsmarktpositie van transgender personen, 2021

⁴³ SCP, Worden wie je bent, 2012

⁴⁴ Algemene Wet Gelijke Behandeling