

# Legal and policy framework [[1]](#footnote-1)

### National reporting on the CEDAW Convention

Upon ratification of the CEDAW Convention in 1991, the Parliament established a national reporting procedure. The Committee was “favourably impressed by the fact that one year before presenting each subsequent report to the Committee, the government would have to report to Parliament” (CEDAW/CO/1994/para253). However, these reports have only taken place three times, and the last time was in 2006/2007.

*The NGOs/CSOs suggest asking when the government will resume national reporting to Parliament.*

### Status and implementation of the Convention

Although the Committee recommended that the government transpose, without delay, the provisions under the Convention that are considered not directly applicable, NGOs/CSOs doubt whether this has been done sufficiently. Coordination mechanisms to ensure a coherent implementation of the provisions of the Convention in all of its countries and public entities are lacking. NGOs/CSOs note that the government has done very little to increase awareness of the Convention among different groups in society. This includes (semi-)governmental bodies such as municipalities, the judiciary, and black, migrant and refugee women’s organisations (CEDAW/C/NLD/CO/6, para.10, para.12 and CEDAW/NLD/CO/5, para.15).

*The NGOs/CSOs suggest requesting an update of steps taken regarding the transposition of the provisions of the Convention and raising awareness of the Convention among different groups in society.*

### Access to justice

*Legal aid*

Due to financial cuts in the legal aid system, access to justice is under significant pressure. Moreover, the outlines of the new legal aid system contain several aspects that may jeopardise women’s access to justice, such as an increased focus on self-reliance and the creation of an advisory body that reviews which cases qualify for legal aid.[[2]](#endnote-1)

For refugee women, access to legal justice is already limited: in cases where an asylum application is resubmitted, there is no right to legal aid if the application is rejected again. Refugee women’s right to legal aid will be further reduced if the government’s plans to reorganise the initial phase of the asylum procedure are carried out, and refugees can already be questioned about their asylum motives at the time of application, without legal representation.[[3]](#endnote-2)

*The NGOs/CSOs suggest asking how the government guarantees equal access to justice for all, particularly for marginalised women, and how it ensures that reforms to the legal aid system are in line with GR33.*

*Reporting to the police*

NGOs/CSOs signal that police reporting processes have discouraging effects.

* In cases of sexual violence, the reporting process contains a preliminary ‘informative conversation’ and, in some cases, a ‘reflection period’, which can discourage victims from reporting.[[4]](#endnote-3) Moreover, there are long delays and backlogs in these cases.[[5]](#endnote-4)
* Sex workers often do not report to the police out of fear of negative repercussions and because they feel that the police do not take their reports seriously.[[6]](#endnote-5)
* Victims of ritualistic sexual abuse note that their accounts are not taken seriously by the police and justice system.
* Undocumented women often do not dare to report violence out of fear of deportation.[[7]](#endnote-6)

*NGOs/CSOs suggest asking the government how it guarantees safe reporting to the police for women, including sex workers, LBTI and undocumented women, without fear of negative repercussions and how it ensures that cases are handled without delay, especially in light of the new draft bill on Sex Crimes.[[8]](#endnote-7) The NGOs/CSOs are pleased that the bill criminalises all forms of involuntary sex as rape, but they would like to know how police will be equipped to sufficiently address backlogs and deal with the expected increase in cases when the bill enters into force.*

# National machinery and gender mainstreaming

### Gender perspective in policy, national management and coordination

NGOs/CSOs are concerned that the government continues to employ gender-neutral policies. Despite the Committee’s repeated recommendations (CEDAW/C/NLD/CO/5, para. 19, CEDAW/C/NLD/CO/6, para. 16-(a-f)), a gender assessment framework is still lacking or invisible, as are gender budgeting and other gender mainstreaming instruments. NGOs/CSOs have the impression that gender expertise at several ministries has diminished in recent years and that the national machinery is weakening. Gender assessments in policy papers are not visible, because the inclusion of “gender” in the integral assessment framework (IAK) is not mandatory.[[9]](#endnote-8) Although the COVID-19 pandemic has affected women in a variety of ways, all policy measures have remained largely gender-blind, except for some ad-hoc measures regarding domestic violence.

*The NGOs/CSOs suggest requesting that the government describe the effectiveness of the present state of the national machinery and how it guarantees gender mainstreaming in general policy and national recovery plans, and in their implementation.*

### Intersecting forms of discrimination

Civil servants face difficulties when it comes to addressing intersectional forms of discrimination. NGOs/CSOs worry that only very few municipalities are implementing guidelines[[10]](#endnote-9) that address stereotyping and pitfalls and that most are thus failing to address/combat intersecting forms of discrimination against women. At the national level, the Labour Market Discrimination Action Plan[[11]](#endnote-10) contains hardly any measures to combat the intersectional discrimination of, for example, black, migrant and refugee women or LBTI women on the labour market. NGOs/CSOs are extremely concerned about ethnic profiling by national civil servants, as observed in the recent child allowance fraud scandal involving the Dutch tax authority.[[12]](#endnote-11)

*The NGOs/CSOs suggest requesting the government to report on the results of efforts made to target intersecting forms of discrimination against women through its programmes, both at the local and national level (CEDAW/C/NLD/CO/6, para. 40(c)). The NGOs/CSOs also suggest asking for an update on the labour market participation of women, particularly black, migrant and refugee women, and on how it is implementing GR28.*

### Involvement of black, refugee and migrant women's organisations in government policy

As underscored by CEDAW (CEDAW/C/NLD/CO/6, para. 18) and GREVIO,[[13]](#endnote-12) government policies and measures taken in recent years have structurally undermined the sustainable involvement of black, migrant and refugee women’s organisations in policy processes. Undermining measures include cuts at all levels, the abolition of support measures for specific target groups, decentralisation, threshold criteria with an exclusionary effect, and project-based rather than organisation-based subsidies. These factors make it difficult to maintain continuity and meaningfully participate.

*The NGOs/CSOs suggest asking about the government’s efforts to guarantee that black, migrant and refugee women’s organisations can meaningfully participate in the development, monitoring, implementation and evaluation of governmental policies, and how it ensures that these efforts are funded accordingly.*

### Local governments’ tender procedures

NGOs/CSOs note that, despite the Committee’s recommendation (CEDAW/C/NLD/CO/5 para 18 and 19), tendering procedures for services such as home care, specialised youth care, and additional transport of people with disabilities and children to specialised schools have been disastrous for the primarily women workers in these sectors.[[14]](#endnote-13) The European Commission provides guidance on socially responsible public procurement to fight discrimination and promote gender equality in public tenders.[[15]](#endnote-14)

*The NGOs/CSOs suggest asking how the government is or will be using the Commission’s guidance on implementing the Committee’s recommendation “to introduce a consistent scheme for promoting equality in public contracts” and how it prevents local governments’ tender procedures from disadvantaging women.*

# Art 1 & 2 Gender-based violence against women

### Domestic violence

Dutch policies on domestic violence and child abuse lack effectiveness.[[16]](#endnote-15) Recent research shows that in only 28% of cases did violence stop within 1.5 years. In 53% of the families, frequent and serious violence still occurs.[[17]](#endnote-16)

A recurring critique refers to the lack of an underlying comprehensive gender-specific policy analysis of domestic violence. The absence of a common gender perspective also hinders cooperation between chain partners (prevention, formal/informal support, services, aftercare, criminal law). A report was recently submitted to the government with recommendations to implement a gender-sensitive approach. The NGOs/CSOs emphasise the importance of implementing these recommendations without delay.

Another recurring critique is the lack of coherent national management and coordination of policies on domestic violence. Due to the decentralised system, there are major differences among municipalities in expertise, support, shelters and (specialised) services.[[18]](#endnote-17) Strong national coordination mechanisms are needed to ensure that national, regional and local policies are in accordance with and reinforce each other.

The persistent lack of national guidance and authority to enforce policies also hinders systematic and disaggregated data collection on different forms of violence.

*The NGOs/CSOs suggest asking for an update on the implementation of GREVIO’s recommendations and on how other stakeholders, formal and informal, are involved in this. Furthermore, the NGOs/CSOs suggest asking whether the government has considered the instrument of a national rapporteur on violence against women and domestic violence who can independently monitor the coherency of policies.*

### Accessing shelters

The NGOs/CSOs are concerned about the difficulties that women face in accessing shelters. The basic premise for support is “outpatient care unless...”.[[19]](#endnote-18) This means that shelter is provided only in cases of acute (physical) threat and when a woman cannot find alternative shelter in her own network. This policy is partly motivated by a lack of shelter capacity, and the problem is further exacerbated by difficulties in finding housing after a stay in the shelter and the perceived risks of hospitalization. NGOs/CSOs note that this limitation in accessing shelters is particularly problematic for women from migrant or refugee backgrounds, who often lack a safe local network.

*The NGOs/CSOs suggest asking how access to shelters is guaranteed for all victims of violence in need, regardless of their migration status and without conditions, and requesting information on the number of women to whom shelter was granted or denied respectively, and why.*

### Gender-related harmful practices

NGOs/CSOs note that in addressing harmful practices, the focus lies mainly on migrant communities.[[20]](#endnote-19) A specific approach aimed at other communities, such as Orthodox Christian, Jewish communities or Jehovah’s Witnesses is lacking, as is an approach against the violence against women within closed student associations. NGOs/CSOs worry that some conservative community leaders of various religions encourage harmful practices against women, such as homophobic behaviour, forced marriages or female genital mutilation (FGM). NGOs/CSOs also note a lack of intersectional approach in the policies on domestic violence, and white women are essentially neglected in policy measures on harmful practices. This reinforces existing stereotypes and prejudices. Regarding forced marriages, the government promised measures to support women with their divorce abroad in 2019.[[21]](#endnote-20) So far, no actions have been taken.

*The NGOs/CSOs suggest asking what steps are being taken to effectively prevent and combat harmful practices in all communities.*

### Sexual harassment and sexual violence

NGOs/CSOs note that the prevalence of sexual harassment and sexual violence remains consistently high. Fifty-three per cent of women have experienced some form of sexual harassment or sexual violence at some point in their lives. Young women, in particular, are disproportionately affected.[[22]](#endnote-21) A national action plan to prevent sexual violence is currently lacking.

*The NGOs/CSOs suggest asking what steps are being taken to develop and coordinate a national action plan to prevent sexual violence.*

# Art 5 Stereotypes

### Stereotypes and discriminatory images

NGOs/CSOs regret that the government does not take a more proactive stance on tackling stereotypes and discriminatory images in the media.

* While an amended Media Act is currently before the Senate, CEDAW’s recommendation (CEDAW/C/NLD/CO/6/22b) to include stereotyping of gender roles as a form of discrimination has been disregarded as the government claims to have confidence in the sector’s existing complaint and monitoring mechanism.
* The public broadcaster is supposed to monitor diversity every four years. The last time it did so was in 2012. Research shows that the representation of women in nonfiction programmes is low (36% in general, with a drop to 23% for politicians or experts).[[23]](#endnote-22) These figures are even more dramatic when it comes to the representation of black, migrant and refugee, Muslim, and LBTI women or women with a disability.
* Expressions of sexist and racist hate on social media are increasing exponentially and are being reproduced in talk shows in traditional media. These expressions often also target women in politics and sciences. The European Institute for Gender Equality (EIGE) is concerned that this will prevent young women in particular from speaking out.
* Muslim women, especially those who wear headscarves, are portrayed primarily as passive and unemancipated, or associated with terrorism (see also CEDAW/C/NLD/CO/6/21(c) and 22(d)). According to the UN Special Rapporteur on Racism, parliamentary, media, and public discourse on the ‘burka ban’ also illustrates this troubling trend of negative stereotyping.[[24]](#endnote-23) Consequently, Muslim women face verbal and physical violence on the streets and online and intersectional forms of discrimination in education, on the labour market, housing market and in healthcare.[[25]](#endnote-24) This is in addition to the institutional racism that black Muslim women already face.

*The NGOs/CSOs suggest requesting that the government explains its strategy for combatting all forms of gender stereotyping and to provide insights into its results.*

# Art. 6 Trafficking and exploitation of prostitution

### Anti-trafficking policies

NGOs/CSOs identify several shortcomings in Dutch anti-trafficking policies:

* Policies are still primarily focused on the victim’s contribution to criminal procedures instead of on the need for protection and support as such.
* There is a lack of knowledge on human trafficking outside the sex sector, such as in the food/hospitality industry, cleaning and agriculture sectors, and the burden of proof is extremely high.[[26]](#endnote-25)
* The Labour Inspectorate lacks a victim-centred and gender-sensitive approach for obtaining information.
* For years now, the anti-trafficking units have been part of the immigration police, which deters undocumented victims from reporting and cooperating with the police out of fear of deportation. Moreover, including anti-trafficking under the umbrella of immigration police work denies the fact that trafficking also takes place among Dutch nationals.

According to recent research,[[27]](#endnote-26) very few perpetrators are prosecuted, and even fewer are convicted. Nearly half of cases are dismissed. NGOs/CSOs note that cases are often prematurely dropped without proper investigation and victims’ support and shelter is ended. For refugees who are Dublin claimants, no investigation is conducted, and victims are deported to the previous EU country in which they had – however briefly – resided. Also, Dutch victims of human trafficking are reluctant to report because proceedings can take a long time, requiring them to tell their stories over and over again, and even if there is a conviction, sentences are relatively mild. Consequently, the number of victims who are willing to report has decreased in recent years. NGOs/CSOs are disappointed that the successful pilot of “multidisciplinary advice on victims of human trafficking” was not followed up on.

*The NGOs/CSOs suggest asking which steps are being taken to increase the identification of victims outside the sex sector. They also suggest questioning the government on its lack of policies to provide victims with support and protection independently of whether they are able and willing to cooperate with the authorities or whether the perpetrators will be prosecuted.*

# Art 7 Participation in political and public life

### Women in decision-making positions in political and public life

Women are underrepresented in decision-making positions in politics, science and business, among others.[[28]](#endnote-27)

* 37% of the councillors of big municipalities (> 100,000 inhabitants) are women[[29]](#endnote-28), but there is no insight into the number of black, migrant or refugee female councillors.
* The number of women senior diplomats lags behind that of men.[[30]](#endnote-29)
* The increase in gender/ethnic diversity on permanent advisory boards has stagnated in recent years.[[31]](#endnote-30)
* NGOs/CSOs note a very slow increase in the percentage of female professors (partly due to temporary special measures, e.g., ‘Westerdijk Talent Impulse’);[[32]](#endnote-31) however, this increase includes very few female professors with a black or migrant background.
* The number of female directors and CEOs at listed companies has slightly increased.[[33]](#endnote-32) The Senate is now considering a (temporary) bill introducing target figures for more diversity at the top of the business community and a growth quota (at least one-third of the members on the supervisory boards should be women).[[34]](#endnote-33) However, it also introduces an identical quota for men, though they already hold 71.5% of the jobs in question.

*The NGOs/CSOs suggest asking why the quota for men is considered necessary and how that would be compatible with Article 4 of the Convention. Moreover, the NGOs/CSOs suggest asking what targeted measures the government is taking to increase women’s representation in all their diversity (incl. black, migrant, refugee, disabled, LBTI) in political and public life, particularly in local government, academia and the foreign service in all parts of its Kingdom.*

# Art 9 nationality, art 16 marriage – Migration & Asylum

### Autonomous residence status

In cases of family migration/reunification (including refugees, mostly women), migrants receive a dependent residence permit. Since 2010, several conditions for obtaining an independent residence permit have been tightened, increasing the (period of) dependency on the partner and reducing the newcomer’s autonomy. Additionally, an independent residence permit is only granted after the integration exam has been passed.[[35]](#endnote-34) Despite CEDAW’s recommendation (CEDAW/C/NLD/CO/6/44c), the language requirement for the exam has been increased from A2 to B1. Refugee women receive assistance from the municipalities in their integration process; however, this support is often limited in relation to their role as caretaker/mother, and they seldom receive support in pursuing education or on the labour market.[[36]](#endnote-35)

The burden of proof for an independent residence permit on the grounds of domestic violence has increased. NGOs/CSOs note that many abused women are afraid to come forward out of fear of losing their residence permit. Parliament has promised an investigation into whether exploitation and seclusion of marriage migrants by their spouse or family can be classified as human trafficking. NGOs/CSOs would like to see the results of this study.

*The NGOs/CSOs suggest asking for information on the gender-specific implications of the changes in family migration policies since 2010 and what measures are in place to guarantee that women are well-informed and supported in applying for independent residence.*

### Refugee women

NGOs/CSOs are concerned about (LBTI) women residing in asylum seekers’ centres (AZCs). Women are reluctant to report incidents of physical or sexual harassment or even rape to the police, fearing that a complaint will negatively affect their asylum procedure. Incidents of domestic or gender-based violence are not recorded as such. Little is known on the implications of the physical, psychological and sexual violence that refugee women have endured in their country of origin, during their flight and/or during their stay in AZCs. The lack of psychosocial support exacerbates the trauma of women who have experienced conflict-related sexual and gender-based violence.[[37]](#endnote-36) Moreover, since asylum seekers are regularly transferred from one centre to another, adequate and continued care is difficult, if not impossible. Despite the mandatory protocols in place to ensure safety within the centres, not all centres have implemented them adequately. There is no central coordination from the government to systematically monitor the implementation and effectiveness of social safety policies within AZCs.[[38]](#endnote-37)

NGOs/CSOs are concerned about the safety and development of young girls in AZCs. In many cases, they live in extremely stressful environments for years with no privacy and constant uncertainty about their future, and hardly any adequate care is provided to help them process traumatic experiences.

*The NGOs/CSOs suggest asking what specific policies and instructions are in place to guarantee the safety of women in AZCs, including for LBTI women and young girls, and how they can access specialised and gender-specific responsive and transformative psychological and/or physical healthcare. The NGOs/CSOs also suggest asking how the 4th National Action Plan on the implementation of UNSCR 1325 is implemented in relevant bodies, including the police and AZCs, to guarantee the protection of asylum seekers.*

### Asylum on the grounds of gender-based violence or FGM

Although it is possible to apply for asylum on the grounds of domestic and gender-based violence, there are significant underlying obstacles, which were also identified by GREVIO.[[39]](#endnote-38) These include the lack of recognition of women as a particular social group in cases of gender-based violence; the absence of guidelines and training for immigration officers to interpret the 1951 Refugee Convention with a gender lens; and the absence of providing information for female asylum seekers about gender-based persecution. Married women are neither informed about nor encouraged to apply for autonomous refugee status, neither by the immigration police nor by asylum lawyers.

*FGM and ‘westernised’ girls*

Girls and young women at risk of FGM and ‘westernised’ girls raised in the Netherlands face serious difficulties when applying for asylum in the Netherlands. In most cases, the Netherlands rejects asylum claims on the grounds of FGM to avoid precedent. In addition, the Dutch authorities use Country of Origin Information (COI) country reports which are not sustained by sufficient evidence-based data or statistics. In the case of ‘westernised’ girls and young women, it is nearly impossible to fulfil the conditions for an asylum status on these grounds. NGOs/CSOs are concerned that strict migration and asylum policies are taking precedence over protecting the lives, well-being and safety of vulnerable girls at risk.

*The NGOs/CSOs suggest asking what measures and instructions are in place to guarantee effective gender-sensitive and child-responsive asylum procedures and that women are well-informed and supported in applying for an autonomous refugee status. Another question could be what measures are being taken to ensure that the rights of girls and young women are respected and protected when applying for a residence permit.*

# ART 10 Education

### Segregation in education

Gender segregation in education is persistent; girls are less likely to opt for technical education programmes, while relatively few boys choose programmes in care-related fields.[[40]](#endnote-39) According to the Minister of Primary and Secondary Education and Media, the persisting problem of segregation based on socio-economic status has further exacerbated opportunity inequality[[41]](#endnote-40) and been amplified by the COVID-19 pandemic.

*The NGOs/CSOs suggest asking the government to report on its efforts to combat the persistent (gender) segregation in the field of education.*

### Pregnant students, studying mothers and PhD candidates

As of August 2021, the position of pregnant students and mothers of new-born children in secondary vocational education will improve.[[42]](#endnote-41) Compared to other higher professional education programmes, secondary vocational training programmes (MBO) will better accommodate pregnant students and young mothers. However, there are still not enough resources and options for parents (usually mothers) with young children, and as a result this group remains dependent on the goodwill of educational institutions for support (both in secondary vocational education and in higher professional education) (CEDAW/C/NLD/CO/6 para 33(b) and 34(b)).

*The NGOs/CSOs suggest asking how the government guarantees that legal regulations and the tools available to support pregnant students and young parents are implemented in policies and practices of all educational institutions.*

# Art 11 Employment

### Working conditions for healthcare professionals

Care and welfare professions are dominated by women. At the same time, carers and nurses face a lack of career perspectives. Moreover, the income of carers, in particular, is not always sufficient to be economically independent. This is due to the combination of short-term contracts and a low salary.[[43]](#endnote-42) Between 2012-2015, substantial budget cuts were made, resulting in a higher workload and lower job satisfaction.[[44]](#endnote-43) In addition, the COVID-19 pandemic has placed an extra physical and emotional burden on healthcare professionals. Many of them have fallen ill themselves and the sector is experiencing an even higher rate of absences than before.

*The NGOs/CSOs recommend asking for information about what steps are being taken to structurally improve the working conditions and remuneration of nurses and care professionals.*

### Gender equality in work-life balance

The government has provided incentives for partners to use their right to partner leave. Partners have the right to five weeks of unpaid leave in the first six months after the birth. However, employees can only take unpaid leave for up to 70% of their salary. This is a barrier for families with low incomes. Another barrier that low-income families encounter is the high cost of childcare, which hinders the equal participation of (different types of) women in the labour market.[[45]](#endnote-44)

*The NGOs/CSOs suggest asking for information about what steps are being taken to remove income-related barriers that hinder gender equality in work-life balance.*

### Domestic workers’ rights

NGOs/CSOs regret that the government still completely disregards the Committee’s repeated recommendations to endow domestic workers with full social rights (CEDAW/C/NLD/CO/5, para.39; CEDAW/NLD/CO/6/, para.36(f)).

*The NGOs/CSOs urge the Committee to pursue this issue once again.*

### Sex workers’ labour rights

Since 2000, the number of licensed working places for sex workers has almost halved due to repressive local policies, while at the same time most cities also prohibit home-based sex work. This increases sex workers dependency on brothel operators and renders it impossible to work independently, pushing sex workers who are not willing or able to work for a brothel operator into the illegal circuit, with less protection and less access to health and social care. Sex workers in licensed brothels are obliged to work under a special tax regime (so-called ‘opting-in’), which gives them neither the rights of self-employed workers, nor those of employees. Meanwhile, they have no control over whether the brothel operator complies with the corresponding conditions to guarantee their autonomy.[[46]](#endnote-45)

Recently, the cabinet submitted a new draft bill on the regulation of sex work[[47]](#endnote-46) to Parliament, which again introduces forced registration of sex workers while also criminalising those who are not willing or able to register and their business associates (e.g., bookkeepers) and clients. The bill was submitted despite CEDAW’s previous concerns about compulsory registration (CEDAW/C/NLD/CO/5 para 30, CEDAW/C/NLD/CO/6 para 30(c)), the negative advice of the Council of State,[[48]](#endnote-47) the Dutch Data Protection Authority,[[49]](#endnote-48) and the concerns of sex workers and service providers about its negative impact on their safety, health and access to services and justice.

The COVID-19 crisis showed what happens when sex workers are compelled to work illegally. Sex workers were forbidden to work, and the majority did not qualify for emergency support.[[50]](#endnote-49) Many of them were thus compelled to continue working underground despite health risks. This led to an increase in violence and robberies against sex workers by rogue clients and criminals who exploited their vulnerable position.[[51]](#endnote-50)

*The NGOs/CSOs suggest asking the government:*

* *Which measures it takes to ensure that sex workers have the same right as other citizens to choose how and where they work (independently or for a brothel operator);*
* *If it is willing to take the concerns about forced registration and the criminalisation of unregistered sex workers seriously;*
* *How it guarantees the meaningful participation of sex workers in the development, implementation and evaluation of laws and policies affecting them.*

### Women migrant workers

*Women migrant workers from EU countries*

Research shows that women migrant workers from the EU face a lack of employment opportunities, financial insecurity, dependence on employers and often suffer from social isolation and domestic or gender-based violence. Black EU migrant women workers are also confronted with institutional racism. Despite a growing awareness of the problems regarding the exploitative working and living conditions of EU migrant workers in the Netherlands, there is hardly any policy attention to the specific difficulties women face.[[52]](#endnote-51)

*Women migrant workers from outside the EU*

Only one-third of the regular labour migrants from outside the EU are women. This is mainly due to the exclusive focus of Dutch labour migration policies on ‘knowledge migration’, or labour sectors predominantly occupied by men. Sectors and jobs traditionally occupied by women, such as care and domestic work, are excluded from regular labour migration. Given the increasing demand for this type of work that is not being met by nationals or workers from the EU, women from non-EU countries will still come to fill this labour gap. NGOs/CSOs are concerned about the impact of these gender-segregated labour migration policies.

*The NGOs/CSOs suggest asking for information on the gender impact of Dutch labour migration policies.*

# Art 12 Health

### Contraception, abortion and HIV/AIDS healthcare services

In different parts of the Kingdom of the Netherlands, women and adolescent girls face barriers to accessing modern contraceptives and abortion (CEDAW/C/NLD/CO/6, para. (38b-d)), specialised HIV/AIDS healthcare services and high-cost anti-retroviral medicines (CEDAW/C/NLD/CO/6, para. (38e-f)). Women’s freedom of choice and self-determination should be central, and all women should have timely access to contraception and abortion care. Due to travel and contact restrictions during the COVID-19 pandemic, women’s access to abortion care was not guaranteed.[[53]](#endnote-52) Abortion care by GPs that provide the abortion pill could have prevented the obstacles raised (CEDAW/NLD/CO/6/, para. 38(b)).

*The NGOs/CSOs suggest asking which steps are being taken to ensure that GPs know that medication for menstrual regulation (also known as the abortion pill mifepristone and Misoprostol) is readily available at pharmacies; and how the government guarantees access for all to specialised HIV/AIDS healthcare services and anti-retroviral medicines. The NGOs/CSOs also suggest requesting how it ensures continuity and equity of abortion care for everyone at all times, even during a pandemic.*

### Sexuality education

Research found that 87% of primary schools structurally give lessons about relationships and sexuality.[[54]](#endnote-53) But only 40% use a recognised teaching method, and 35% do not mention sexual diversity. Another research amongst adolescents found that they are not satisfied with sexuality education at school.[[55]](#endnote-54) They found sexuality education is too limited, and they lack information about what to do in practice when, for example, they are faced with a pregnancy. They also lack information about sexual and gender diversity.[[56]](#endnote-55) Sexuality education does not adequately address harmful practices, such as FGM.

*The NGOs/CSOs suggest requesting information on access to comprehensive sexuality education for all pupils in primary and secondary schools.*

### Mandatory Mental Health Care Act

The Mandatory Mental Health Care Act[[57]](#endnote-56) stipulates that people with a ‘mental disorder’ may be admitted and treated compulsorily. Compulsory care pursuant to Art. 3: 1 (a) and (b) can be granted on the basis of a care authorisation and a crisis measure. The Mandatory Mental Health Care Act not only applies to the person in question; it also refers to an embryo or foetus in all stages of the pregnancy. Compared to previous legislation, this act imposes the compulsory use of contraception, which is a human rights violation.[[58]](#endnote-57)

*The NGOs/CSOs urge questioning the government on how it ensures that the human rights of women treated under the Mandatory Mental Health Care Act are not violated.*

# Art 16 Marriage and family relations

### Law on Names

Three times, in 2001, 2007 and 2010, the Committee has expressed its concern that the Law on Names contravenes Art. 16 (g) of the Convention by providing that the name of the father will be written on the birth certificate in cases where (married) parents cannot reach an agreement as to the name of their child. Recently the government published a draft bill to amend the Law of Names, without including an amendment to comply with the Convention.

*The NGOs/CSOs suggest requesting clarification for the amendment of the Law of Names.*

### Domestic violence and family law

Despite recommendations by CEDAW (CEDAW/C/NLD/CO/6, para 43-33) and GREVIO,[[59]](#endnote-58) domestic violence is still rarely considered in decision-making processes on custody. Based on the dogma that it is always in the child’s interests to have (close) contact with both parents, women are pressured to “forget domestic violence” and sometimes warned not to make “false accusations”. The merger of the child protection and domestic violence services has deepened the focus on the child, resulting in a lack of recognition of the threat to the mother.[[60]](#endnote-59) This tendency is also reflected in the government’s approach to ‘parental alienation’,[[61]](#endnote-60) which does not do justice to the complexity of the issue and lacks gender-sensitivity.

*The NGOs/CSOs suggest asking which steps the government has taken to implement CEDAW’s and GREVIO’s recommendations (including the concretisation of GREVIO’s recommendations by the research institute Regioplan) and how it guarantees that policies on ‘parental alienation’ are gender sensitive.*

# Disadvantaged groups of women

## Older women

### Poverty among older women

The Committee recommended that the government address the root causes of poverty among older women, including the factors that lead to women accumulating lower pension benefits, such as their concentration in low-paid and part-time jobs (CEDAW/NLD/CO/6/para. 40(a)). High healthcare costs may further increase the financial difficulties of older women. NGOs/CSOs note that, although in conflict with the 1954 statute, citizens and more specifically women from the former Dutch colonies who came here at a later age receive less statutory state pension (AOW)[[62]](#endnote-61).

*The NGOs/CSOs suggest asking what the government is doing to address the root causes of poverty among older women.*

## Rural women

### Gender perspective lacking in rural development plans

NGOs/CSOs note that a gender perspective in the Population Decline Action Plan 2015-2019 and its follow-up is lacking. They also note that access to public transport and other services for low-income women in Curaçao and other parts of the Kingdom remains difficult. (CEDAW/NLD/CO/6/para. 42)

*The NGOs/CSOs suggest asking what steps are being taken regarding the overall situation of rural women and women living in less-urbanised regions, highlighting the impact of the progress of population decline on women’s access to public transport, employment, health and other basic services. They also suggest asking how the government has used or will use the expertise provided by relevant stakeholders.*

## Undocumented women

### Access to healthcare and social services

Access to healthcare for undocumented migrants is complex and limited; many migrants and healthcare providers are often unaware of possibilities available.[[63]](#endnote-62) Abortion, contraception for women over 21 and adult dental care are only available to those who can afford them. Since the outbreak of COVID-19, the situation of undocumented women has deteriorated. Many undocumented women have lost their jobs as workers in the food/hospitality industry or as domestic workers, and subsequently their housing. Temporary shelter in some cities is possible, but not everywhere or only at night. Shelter for women with children is available only if they agree to leave the country.

*The NGOs/CSOs suggest asking for information on the precarious position of undocumented women and girls before and during COVID-19, the gender-specific difficulties that they face and the steps taken to ensure their access to affordable healthcare, regardless of their status.*

### Access to shelter for victims of violence

Some undocumented women who are victims of violence have recently gained access to shelter and support. However, access is only available to women who are in the process of applying for a residence permit based on domestic or honour-related violence. If the residence application is denied, they can lose shelter and support. Since the requirements for the permit are very strict – not only must the violence be substantively proven, but women must also demonstrate that “return to the country of origin poses a risk for human rights violations” – 75% of the applications are rejected.[[64]](#endnote-63)

*The NGOs/CSOs suggest asking how the government ensures that all victims of violence have access to protection and support, regardless of their registration status.*

## LBTI women

### Better protection of lesbian and bisexual women and intersex and transgender people

Lesbian, bisexual, transgender, and intersex people experience substantial gender-based violence and are more often victims of hate crimes than heterosexual women and men.[[65]](#endnote-64) A gender non-conforming appearance significantly increases the chances of being victimised (Art. 1, Art. 2, GR35).[[66]](#endnote-65)

The health sector treats intersex and transgender people very differently. On the one hand, intersex children are still subjected to non-consensual unnecessary medical interventions to adjust their sex characteristics to fit the societal norm. These treatments are experimental and damaging to intersex children’s physical and mental health.[[67]](#endnote-66) On the other hand, trans people face multi-year waiting lists for healthcare, and health insurances do not cover all gender-affirming treatments, needlessly prolonging a stressful period in which transgender people are especially vulnerable to violence and abuse (Art. 1, Art. 2, Art 12, GR24, GR31, GR35).[[68]](#endnote-67)

*The NGOs/CSOs suggest asking what steps are being taken to optimise the legal protection of LBTI people against hate crimes. The Committee may also ask the government what steps are being taken to ban non-consensual unnecessary medical interventions on the sex characteristics of intersex children and to ensure free, prior and fully informed consent, and, in addition, what steps are being taken to extend insurance coverage and reduce waiting periods for gender-affirming medical treatments.*

## Women, Peace and Security

### Implementation GR30

With regard to the implementation of GR30 (and GR28 and GR32), NGOs/CSOs stress the importance of the establishment of concrete measures, instructions, and monitoring and reporting mechanisms (including WPS markers) by all relevant governmental bodies to ensure the following:

* comprehensive and transparent assessments of the impact of arms exports on a higher risk of gender-based violence in the country of destination before approval of export licenses (CEDAW/C/NLD/CO/6 para 46);
* meaningful inclusion of (refugee and diaspora) women in their fullest diversity in (inter)national decision-making processes relating to peace and security, including prevention, formal peacemaking and political post-conflict reconstruction and transitionary processes;
* women’s and girls’ access to justice by supporting gender-sensitive investigative procedures and building judiciary capacity, including in transitional justice mechanisms, to ensure independence, impartiality and integrity;
* centralisation of a gender-sensitive survivor-centred approach in all (inter)national government interventions (e.g., through guidelines and budget allocation for gender training for (formal and informal) staff);
* reinforcement and support of (marginalised) women’s (in)formal conflict prevention efforts;
* establishment of early warning systems and gender-specific security measures to prevent the escalation of gender-based (sexual) violence (such as rape as a weapon of war) and other violations of women’s rights.

The implementation of the NAP-1325-IV,[[69]](#endnote-68) which provides an overarching strategy for the government on the implementation of the WPS agenda, including relevant CEDAW-GRs, is still fragmented. Only two signatory ministries (Ministries of Defence and Foreign Affairs) have developed implementation plans. Essential ministries such as Justice & Security, Education, Culture & Science, Social Affairs & Employment and Interior & Kingdom relations have not.

*The NGOs/CSOs suggest asking how the government guarantees coherent implementation of GR30 (and 28 and 32) – including the involvement of (in)formal stakeholders and transparent and accountable reporting that is impact and outcome oriented and widely disseminated – by all relevant ministries and governmental bodies.*

# Women and climate change

### Implementation GR37

The Dutch government has not yet implemented CEDAW-GR37 on Climate Change. Nor has it followed the recommendations in the UNFCCC Gender Action Plan adopted in 2017 and extended in 2019.

Nationally, the Netherlands is performing poorly in the much-needed transition towards just, sustainable energy. The Netherlands trails behind many EU countries when it comes to access to renewable energy.[[70]](#endnote-69) A large share of the available subsidies are allotted to wealthier segments of the population – exacerbating already existing inequalities. Gender-disaggregated data and a gender lens is lacking and without inclusive decision-making processes, women in all their diversity are often excluded from energy, climate and biodiversity policies.[[71]](#endnote-70)

Internationally, locally rooted women and women’s rights organisations that play a key role in effective climate action and defending and restoring ecosystems struggle to access climate funds.[[72]](#endnote-71) This is often due to the high threshold criteria. And although funds such as the Dutch Fund for Climate and Development and the Green Climate Fund have strong gender ambitions on paper, they lack strict criteria and monitoring at the impact level. Finally, the Dutch focus on private sector finance leveraging often results in private interests prevailing over local women’s interests and increases the debts of already highly indebted countries.

At the same time, Dutch trade policies are largely gender blind. This policy incoherence is not only a missed opportunity, it also undermines the intentions of climate policies[[73]](#endnote-72), e.g., by supporting investments in fossil fuel extractive industries[[74]](#endnote-73) from which women and the poor suffer the most.[[75]](#endnote-74)

*The NGOs/CSOs suggest questioning the government on how it will enhance access to climate finance for women’s rights groups; set clear targets and ensure impact assessments of gender-responsive climate change responses; and ensure policy coherence and coordination between different government institutions in support of those responses.*

1. All references can be found in the shadow report published on the website of the Dutch CEDAW Network, <https://www.vn-vrouwenverdrag.nl/shadow-report-2021/> [↑](#footnote-ref-1)
2. [↑](#endnote-ref-1)
3. [↑](#endnote-ref-2)
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