

Mandate of the Special Rapporteur on violence against women and girls, its causes and consequences

Ref.: AL AUS 3/2026

(Please use this reference in your reply)

19 February 2026

Excellency,

I have the honour to address you in my capacity as Special Rapporteur on violence against women and girls, its causes and consequences, pursuant to Human Rights Council resolution 59/20.

In this connection, I would like to bring to the attention of your Excellency's Government information I have received concerning **the reported suspension and termination proceedings affecting Dr Jillian Spencer, a senior psychiatrist at the Queensland Children's Hospital (Queensland, Australia), reportedly in connection with her public expression of professional concerns regarding aspects of clinical approaches to children and adolescents experiencing gender-related distress.**

According to the information received:

Dr Jillian Spencer has been employed as a senior psychiatrist at the Queensland Children's Hospital. Since 2023, she has engaged in public discussion, including through media interviews, regarding clinical approaches to children and adolescents experiencing gender-related distress, and has expressed concerns about potential risks associated with certain medical interventions for minors.

In particular, Dr. Spencer criticized the Gender Affirming Model of Care implemented in clinics across Australia, including the clinic attached to the Queensland Children's Hospital, where she was employed. The Model assumes that children experiencing gender distress are naturally transgender or gender diverse and recommends interventions, including social transition, pubertal suppression, cross sex hormones and 'gender affirming' surgeries. It is further reported that her public statements were made in her capacity as a medical professional raising concerns about matters she considers to be of public interest, including the rights and well-being of children.

Alleged suspension, stand-down measures and termination proceedings

In April 2023, Dr Spencer was stood down from her position, reportedly on the grounds that she was considered an alleged danger to trans and gender diverse youth. It is further reported that she has remained suspended from her duties since that time.

In September 2025, the Queensland Children's Hospital issued Dr Spencer a letter of termination. The information received suggests that her public criticism of aspects of the "gender-affirming" model of care for minors was cited as an apparent basis for disciplinary action.

Reported judicial review and freedom of expression concerns

Dr Spencer has reportedly lodged an official whistleblower claim in relation to what she describes as public-interest disclosures about clinical practices and institutional culture, including concerns regarding potential impacts on girls and children with disabilities. She has reportedly been waiting for the decision in her whistleblower claim since May 2024.

In addition, it is alleged that Dr Spencer, through legal counsel, has sought judicial review of the termination decision, including on the grounds that the hospital did not consider her right to freedom of expression under the Queensland Human Rights Act and her implied freedom of political communication under the Australian Constitution. The review is planned for April 2026.

Without prejudging the accuracy of the allegations described in this letter, I would like to express my serious concern regarding the reported use of employment measures against a woman health professional in connection with her public expression on matters of health policy and children's rights.

The reported suspension and termination of Dr. Spencer's employment, if confirmed, may raise concerns under article 19 of the International Covenant on Civil and Political Rights, which protects the right to freedom of expression, including in relation to public-interest speech by professionals and whistleblowers. Any restrictions on such expression must comply with the principles of legality, necessity, and proportionality, as well as safeguards against discrimination, including on the basis of political or other opinion. The reported disciplinary measures may also engage obligations under the International Covenant on Economic, Social and Cultural Rights, including the right to work, protection against unjust dismissal and respect for the freedom indispensable for scientific research.

Moreover, the alleged actions risk creating a chilling effect on other health professionals' willingness to raise concerns about clinical practices concerning children experiencing gender distress, potentially undermining the best interests of the child and adversely affecting the realization of children's rights under the Convention on the Rights of the Child, including the rights to health and protection from harm. Where the subject of such chilling effects is a woman professional or a woman human rights defender expressing dissenting views on public policy, the measures may further reinforce sex-based discrimination and stereotyping in institutional decision-making.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is my responsibility, under the mandate provided to me by the Human Rights Council, to seek to clarify all cases brought to my attention, I would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.

2. Please clarify whether Dr Spencer's public statements and professional opinions were considered in the context of her rights to freedom of expression and participation in public debate on matters of public interest, and how any restrictions imposed were assessed in light of the principles of legality, necessity and proportionality.
3. Please clarify how the Government ensures that disciplinary or employment-related measures do not create a chilling effect on health professionals' and especially whistleblowers' engagement in public debate concerning the best interests of children experiencing gender distress.
4. Please indicate whether Dr Spencer had access to effective, independent and impartial complaints, protection and remedy mechanisms in relation to the alleged employment actions and reprisals, and, if so, please provide details of any proceedings initiated and their outcomes.
5. Please provide information on the safeguards in place to ensure that policies and clinical practices affecting children and adolescents experiencing gender distress are consistent with the best interests of the child and the rights to health, bodily integrity and protection from harm.

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, I urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

Please accept, Excellency, the assurances of my highest consideration.

Reem Alsalem

Special Rapporteur on violence against women and girls, its causes and consequences

Annex

Reference to international human rights law

In connection with above alleged facts and concerns, I would like to refer Your Excellency's Government to its legal obligations under the international treaties it has ratified, as well as to broader international human rights standards.

I wish to refer to the International Covenant on Civil and Political Rights (ICCPR), ratified by Australia on 13 August 1980. In particular, article 19 protects the right to hold opinions without interference and the right to freedom of expression; article 2 and article 26 require the enjoyment of Covenant rights without discrimination, including on the basis of sex or political or other opinion; article 25 protects the right to take part in the conduct of public affairs; and article 2(3) affirms the right to an effective remedy.

I also wish to recall relevant interpretative guidance of the Human Rights Committee, including general comment No. 34 on freedom of opinion and expression, and general comment No. 31 on the nature of the general legal obligation imposed on States parties to the Covenant, which underscores that States must ensure Covenant rights are respected and that effective remedies are available where violations are alleged.

In relation to the scope of the right to freedom of expression, the Human Rights Committee, in its general comment No. 34 (CCPR/C/GC/34, par. 11), has stated that this right protects a wide range of expression, including expression that may be regarded as offensive to some members of society. Likewise, the Committee noted that there is an intrinsic relationship between freedom of expression and the exercise of political rights, particularly in light of the ability to participate in public affairs.

In her report to the General Assembly on *gender justice and freedom of opinion and expression* (A/76/258), the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression emphasized that gender equality and the right to freedom of opinion and expression are mutually reinforcing, and that their inclusive realization is essential for democracy and sustainable development.

Also, CEDAW Committee general recommendation No. 23 on political and public life (A/52/38) underscores that women's participation in public life is integral to the effective realization of equality and that discrimination against women undermines their ability to participate, on equal terms with men, in political and public affairs. The Committee clarified that States parties' obligations under article 7 extend broadly across the exercise of political power and public administration, including policy formulation and implementation at all levels, as well as key aspects of civil society (par. 5). It further noted that women's exclusion from decision-making silences women's voices and that persistent barriers—such as stereotyping and discriminatory social attitudes—continue to impede women's full and effective participation in public and political life, thereby requiring comprehensive measures to eliminate discrimination in practice (par. 12).

I further wish to refer to the International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by Australia on 10 December 1975. Article 6 recognizes the right to work, and article 7 affirms the right to just and favorable conditions of work. Article 2(2) requires that the rights in the Covenant be exercised without discrimination of any kind, including on the basis of sex or political or other opinion. These obligations are relevant to allegations of employment measures affecting a woman health worker reportedly in connection with her public expression on matters of public interest.

Moreover, article 15(3) of ICESCR requires states to respect the freedom indispensable for scientific research. The Committee on Economic, Social and Cultural Rights in its general comment No. 25 emphasized that this freedom includes protection of researchers from undue influence on their independent judgment and the freedom of researchers to freely and openly question the ethical value of certain projects and the right to withdraw from those projects if their conscience so dictates (E/C.12/GC/25, par. 13).

I also wish to recall the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ratified by Australia on 28 July 1983. CEDAW requires States parties to pursue, by all appropriate means and without delay, a policy of eliminating discrimination against women, including in employment (article 11) and in public life. CEDAW also requires States to address stereotypes and prejudices based on the idea of the inferiority or superiority of either sex or on stereotyped roles for men and women (article 5).

The CEDAW Committee has clarified that gender-based violence against women constitutes a form of discrimination, including in its general recommendation No. 35 (CEDAW/C/GC/35). It has emphasized States' due diligence obligations to prevent, investigate, punish and provide reparation for such violence, whether committed by State or non-State actors, and to ensure that justice systems and administrative processes are free from gender bias and stereotyping. These principles may be relevant where women face reprisals, intimidation or discriminatory treatment linked to their public participation or professional expression.

Regarding medical procedures, I would like to draw your attention to the significance of informed consent in decision-making concerning the sexual and reproductive health of women and girls. In this regard, the CEDAW Committee has repeatedly emphasized that "all health services [...] be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice." Also, the CEDAW Committee has determined that mechanisms should be established to ensure that women and girls have access to evidence-based and unbiased information, thereby safeguarding their autonomy. Accordingly, it is essential that States ensure that women, girls and boys have access to diverse and reliable sources of information regarding the risks associated with these procedures.

Additionally, I would like to draw the attention of Your Excellency's Government to the best interest of the child principle, enshrined in the Convention on the Rights of the Child, ratified by Australia on 17 December 1990. This principle is contained in article 3 of the Convention, which states that "[i]n all actions concerning children, whether undertaken by public or private social welfare institutions, courts of

law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

The Committee on the Rights of the Child, in its general comment 14 on the right of the child to have his or her best interests taken as a primary consideration, highlighted - regarding its legal nature - that the best interests of the child principle is an umbrella term that encompasses three crucial dimensions. Firstly, this concept implies a fundamental right of the child, meaning that the child has an intrinsic right for their best interests to be primarily considered whenever a decision affecting them - individually, as a group, or in general - is to be made. Therefore, this right entails a corresponding obligation for States, directly applicable and enforceable against public officials. Secondly, the best interest principle is a basic and interpretative principle, meaning that when a legal provision can be interpreted in various ways, the interpretation that best serves the child's best interests should be chosen. Lastly, it implies a procedural rule, whereby every decision impacting a child or group of children should involve an assessment of the potential - negative or positive - effects of that decision on the affected child or children. In this regard, according to the Committee, the best interests of the child require procedural safeguards implying that, in justifying a decision, the judge or official must explicitly demonstrate how this concept has been taken into account (CRC/C/GC/14).

Additionally, in accordance with the Convention on the Rights of the Child, particularly Article 6, States Parties recognize that every child has an intrinsic right to life and to full development. These rights are intrinsically linked to the right of the child to live free from violence. According to the Committee on the Rights of the Child, "Securing and promoting children's fundamental rights to respect for their human dignity and physical and psychological integrity, through the prevention of all forms of violence, is essential for promoting the full set of child rights in the Convention".

In relation to health, the right of the child to enjoy the highest attainable standard of health is protected under article 24 of the Convention on the Rights of the Child, which obliges States Parties to ensure that all children have access to health care services without discrimination. In its general comment No. 15 (2013), the Committee on the Rights of the Child emphasized that this right includes both physical and mental health, and requires that children be provided with age-appropriate, accessible, and comprehensive information on health-related matters, including available treatments and their associated risks. The Committee further clarified that informed consent is an essential component of the right to health, and that medical decisions affecting children must involve both the child, in accordance with their evolving capacities, and their parents or legal guardians, to ensure that decisions are made in the child's best interests and on the basis of adequate information.

In the same vein, the ICESCR guarantees in article 12 the right of every individual to the enjoyment of the highest attainable standard of physical and mental health. In its general comment No. 14 (2000), the Committee on Economic, Social and Cultural Rights emphasized that this right is not limited to access to healthcare services, but also includes underlying determinants of health and the provision of available, accessible, acceptable, and quality care. The Committee affirmed that acceptability implies that health services must be respectful of medical ethics and culturally appropriate, and that they must be provided with the free and informed consent of the

individual concerned. This includes the obligation to ensure that all patients receive comprehensive, objective, and understandable information about the nature of the treatment, its benefits, risks, and alternatives.

Likewise, with regard to the health of women and girls, article 12 of the Convention on the Elimination of All Forms of Discrimination against Women obliges States Parties to eliminate discrimination against women in the field of healthcare and to ensure equal access to health services. In general recommendation No. 24, the CEDAW Committee clarified that this obligation extends to ensuring that health services are delivered in a manner that respects women's dignity, autonomy, and needs throughout their life cycle. The Committee explicitly stated that health care must be consistent with the rights to informed consent, privacy, confidentiality, and freedom from coercion and discrimination.

Based on this international legal framework, with respect to the transitions of girls, boys, and adolescents, in my report “Sex-based violence against women and girls: new frontiers and emerging issues” (A/HRC/59/47) I recommended the following:

“Uphold the rights of children, including girls, to be free from all forms of physical and mental violence and to the highest attainable standard of physical and mental health, including through the prohibition of legal and social transitioning of children who claim to experience gender dysphoria, as well as their subjugation to experimental, irreversible medical interventions related to gender reassignment, while ensuring comprehensive, evidence-based assessments for them to address underlying neurodevelopmental, psychological or other conditions before any intervention. Moreover, States must establish legal and policy frameworks providing effective remedies, accountability mechanisms and robust support services for all harmed by such interventions, including those seeking to detransition, ensuring access to individualized care and support services, rehabilitation and access to alternative health and care providers, irrespective of prior treatment.”

The Report also specifically observed how women asserting their right to speak on issues pertaining to sex and gender have been subjected to various forms of violence with the purpose of shaming and deterring them from voicing dissent. It further noted that in several countries, women who express support for the political importance of biological sex are subject to violence, including censorship, legal harassment, and the loss of employment (paras 36-37).

In addition, the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (Declaration on Human Rights Defenders), adopted by the General Assembly in resolution 53/144, recognizes the right of everyone, individually and in association with others, to promote and strive for the protection and realization of human rights and to be protected from retaliation for such activity.

In this connection, I also draw attention to the Joint United Nations statement on ending discrimination in health care settings (2017), which calls for ensuring that the labour rights of health workers are respected and that health workers are supported in

upholding their legal and ethical responsibilities, including with respect to advancing human rights, and that their role as human rights defenders is protected.

Finally, I recall that international human rights standards require that allegations of discrimination, reprisals and other rights violations be subject to prompt, impartial and effective review, and that affected individuals have access to effective remedies, including appropriate reparation. The general recommendation 33 of the CEDAW Committee emphasizes that “justiciability requires the unhindered access by women to justice and their ability and empowerment to claim their rights as legal entitlements under the Convention” (CEDAW/C/GC/33, par. 14). These principles are relevant in the context of reported judicial proceedings and any other domestic mechanisms available to address the allegations described.