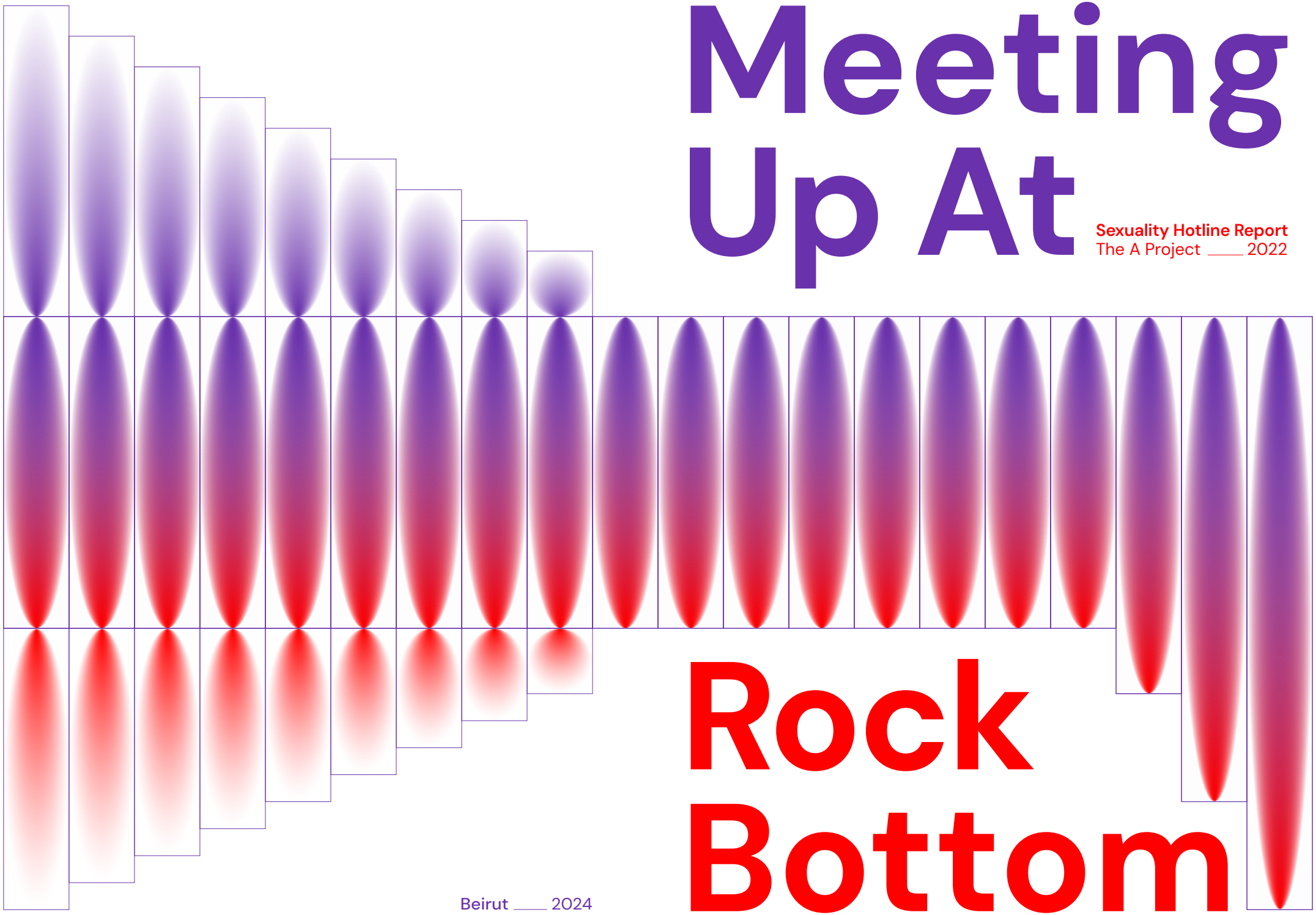
Meeting Up At

Sexuality Hotline Report
The A Project ____ 2022



Rock Bottom

Beirut ____ 2024

Got Questions on Sexuality, Gender, or Sexual & Reproductive Health and Rights?

Contact our Sexuality Hotline

+961 76 680 620

hotline@theaproject.org

Open Daily Between 5pm – 11pm

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Published By — **The A Project**

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Dear Reader,

In 2021, we examined the context of Lebanon's economic crisis and reflected on its impact on sexual and reproductive health. We witnessed a great increase in demand for basic needs, such as housing, access to healthcare, availability of medication, and financial support for livelihood costs. In 2022, we continued to witness the same demands, still increasing.

When writing the 2021 report, titled *Is This Rock Bottom?*, we did not read the data within a specific theoretical framework because we felt the need to pause, take a breath, recognize the depth of the pain caused by systemic failures, and sit with the discomfort and fear of this freefall. In 2022, after dwelling in this obscurity, we couldn't help but reflect on the things that got us through the year–from collective grief and hopelessness, to shared experiences and resources.

This year, we intently read the sexuality hotline data by looking at it through the lens of community connections and discussions, both within the hotline and beyond it. We explored the impact of patriarchal and classist systems, their attempts to keep us at rock bottom, and identified mechanisms where solidarity can act as a ladder to lift us up.

This 2022 report introduces mutual aid and solidarity as a framework and examines it, along with our data, within the contexts of movement building and sexual and reproductive health rights. We chose this framework because it emphasizes the significance of thinking, feeling, and organizing together. In the midst of all of this struggle, the only thing that still makes sense is the community bonds that allow us to reimagine a safer and just world.

About this Report

This report presents the data collected from The A Project's sexuality hotline in the year 2022 and contextualizes the multiple ongoing crises in Lebanon, emphasizing our unrelenting demand for the right to agency, autonomy, and community.

Our intention with this report is not to propose mutual aid and solidarity as a band-aid to the injustices reflected in our data, but rather, we view it as a framework that strengthens our bonds within movements and leaves room for critiquing practices that do the opposite.

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Report Summary

This publication is the sixth edition of the sexuality hotline report. It carries the data collected from calls made to the sexuality hotline in 2022 through a mutual aid framework and contextualizes it within the many crises that continued to unfold in Lebanon that same year. Movement building and sexual and reproductive health and rights were a cornerstone for scoping the themes that emerged from the data.

To further explore mutual aid and how such work was influenced by the crises in 2022 and continues to be affected by them, this report shares an analysis of a focus group discussion zooming in on the experiences and perspectives of people involved in collective and/or individual mutual aid efforts, be it within or outside of The A Project. The viewpoints, challenges, and wins shared by them offer a unique understanding of mutual aid and solidarity practices within Lebanon, and how collective and individual efforts have been affected by the ongoing crises. Moreover, they highlight the significance of kinship within community mobilization and organizing.

A total of 1,471 calls were made to the hotline between January and December 2022. The calls were mostly by people between ages 20-25, who are Lebanese, live in Beirut, and are cis women. This trend is consistent with hotline data from previous years.

Within these calls, we saw a plethora of topics explored on the hotline this year. We coded all topics into 29 major categories that illustrate the nuanced nature of each conversation that occurred. The most popular topics in 2022 included access to medication, financial difficulties, unwanted pregnancies, access to healthcare, relationships, and gender-affirming healthcare. We also explored new topics that emerged such as managing one's own health, discovering one's own body, and involvement in one's own health. These topics attest to people's consciousness towards the immensity of inaccessibility in Lebanon.

By utilizing the sexuality hotline to gain closer insight into their personhood, bodies, and resources, they navigated lack of basic resources through various approaches such as Do-It-Yourself (DIY) healthcare and shared experiences and resources—even if it was just to think out loud with someone about alternatives.

1,471

The report is divided into two overarching themes:

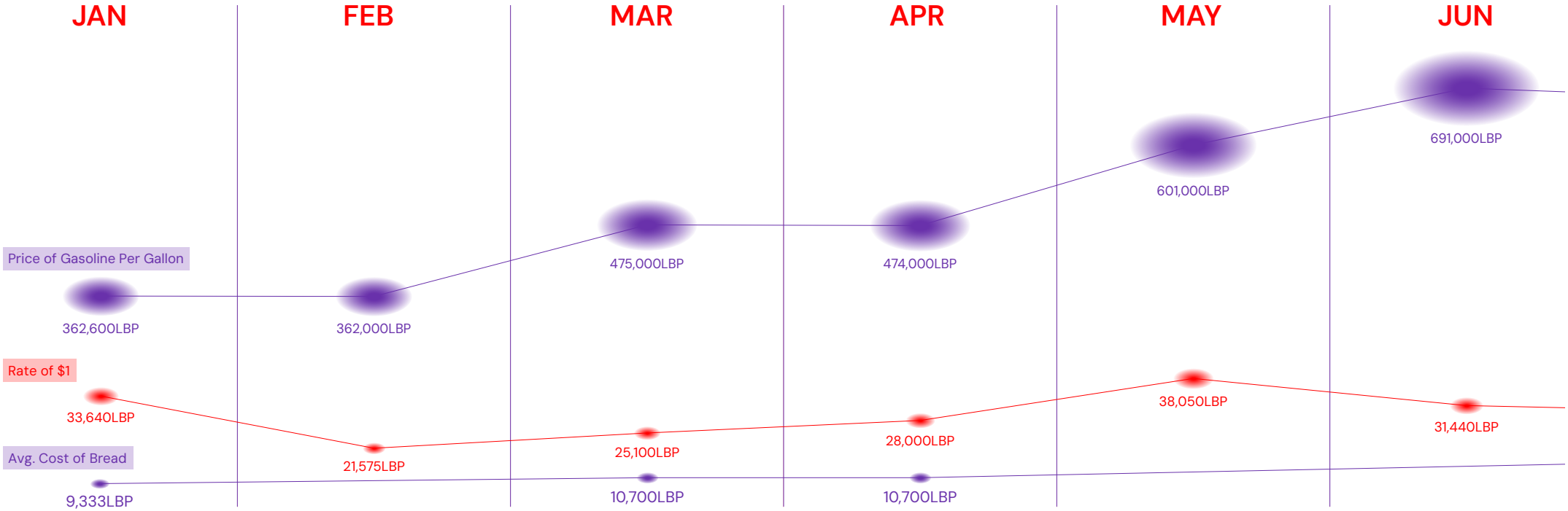
Movement Building

In the first theme, we explore movement building through anti-racism and no borders, gender justice, queer and trans* liberation, and universal healthcare. The sections seek to reflect how mutual aid goes hand in hand with these movements.

Sexual & Reproductive Health

In the second theme, we focus on abortion, sexually transmitted infections (STIs), gender-affirming care, and relationships as pillars of sexual and reproductive health and reproductive justice.

Crisis Unfolding: A 2022 Timeline



January

A man managed to withdraw his entire deposit in dollars from the Bekaa branch of BBAC, after holding dozens of clients and employees hostage, and threatening to burn down the bank.

Kenyan women workers protested in front of the Kenyan consulate after the passports of workers wishing to go home to Kenya were confiscated.

Public transport drivers blocked roads in several areas across Lebanon to protest rising fuel prices.

Teachers and professors in public schools and universities boycotted the return to both in-person and online classes.

A domestic worker was dragged on the street and assaulted in Jouret El-Ballout, Metn, in yet another terrible public display of the Lebanese Kafala system.

Minimum wage was at 675,000LBP (around $24).

February

Subscription of "one cubic meter of water by gauge" rose from 300,000 LBP per year to approximately 778,500LBP–a 159% increase in the annual tariff.

Ramco and City Blue workers went on strike to protest not being compensated for their work due to their salaries being stuck between the Banque du Liban and the Finance Ministry.

March

Basma Abbas and her three daughters Rima, Tala and Manal were murdered in the town of Ansar, South Lebanon by H.F. and H.G. who were arrested in March, 25 days after the victims were reported missing.

April

Lebanon's Bakery Union warned of a bread crisis as several wheat mills halted operation due to lack of funding and confirmed that the wheat in the markets is not enough to last more than 20 days in the first week of April. Prices of bread bundles remained the same.

The General Directorate of General Security suspended the passport platform, as of April 27.

At least 9 people died and 8 were transported to hospitals in critical condition after the Lebanese army drowned a boat carrying 60 passengers who were fleeing the country.

May

Doctors went on strike and protested in front of the Central Bank to denounce the policies of the BDL and banks against hospitals and health sector workers.

In Hosh al-Sayed, Hermel, H. killed his sister Hanan al-Heqq by firing three bullets at her from a military pistol, then fled the area.

In the Al Masbagha neighborhood of Chiyah, H.S. stabbed his mother to death, before security forces arrested him.

June

People in the South of Lebanon reported that bread was being sold for 25,000LBP on the black market amidst bread shortage, and were having to travel from one city to another to buy bread.

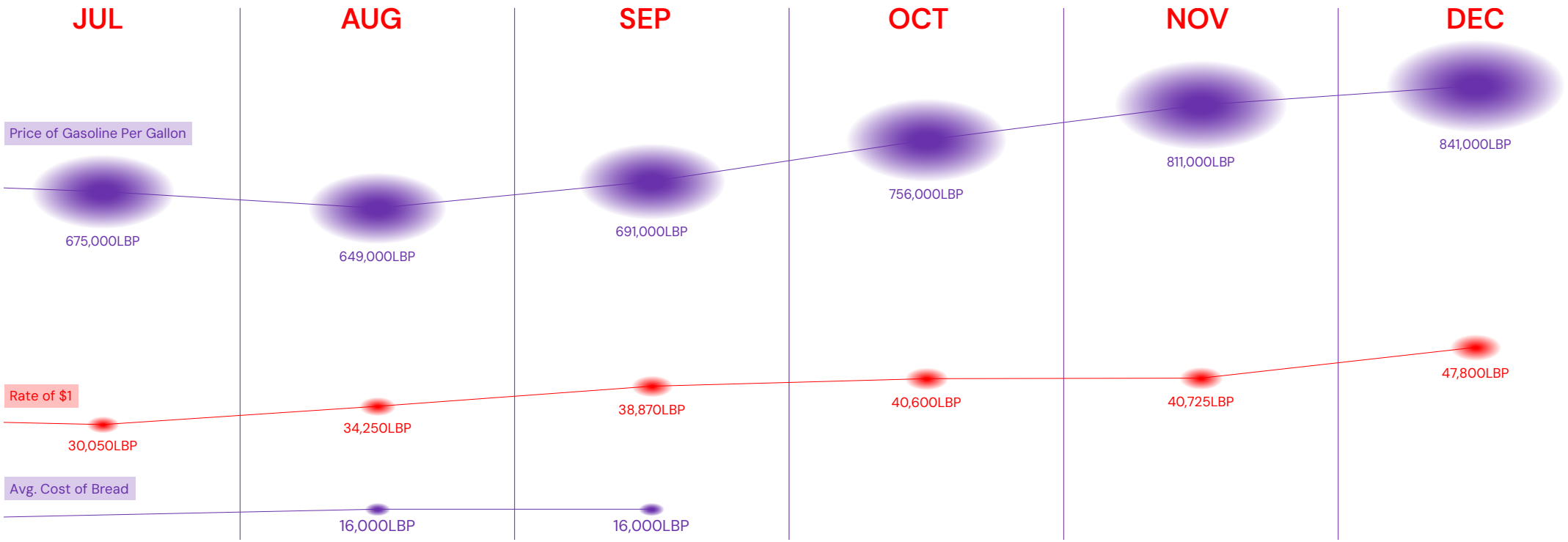
Torture of 15 refugee children who work as cherry-pickers in Akoura by C.T., on June 20.

M.Q. violently assaulted Tahani Harb, his 30-year-old wife and mother of two children.

Head of the Pharmacists' Syndicate shared that there were more than 250 confimed cases of Hepatitis A in Tripoli, adding that the vaccines are unavailable.

Army & Civil Defense helicopters struggled to contain the fire which broke out in the Btormaz forests of Danniyeh.

Minimum wage for workers in the private sector rose to 2,600,000LBP. This was roughly equivalent to $90 dollars per month according to the parallel market exchange rate at the time.



July

While the bread shortage seemed to have returned to normal in the bakeries in the South of Lebanon, people in North Lebanon and the Bekaa Valley were having to queue at bakeries early in the morning to buy not more than two bread bundles. On July 12, two people were badly injured in a gunfight at a bakery in Baddawi, Tripoli.

Dalal Andouri, a young girl born in 2017, was killed by her mother's husband.

Several residents of Tal Hayat in Akkar set the town's Syrian refugee camp on fire, as "a reaction" to the murder of their family member Diab Khuwaylid, who went missing three days prior.

Seventeen-year old Khaled al-Saleh, a young Syrian man, died from a severe brain hemorrhage which was the result of a brutal attack in Sarafand.

August

The average cost of bread reached 16,000 LBP. Although this change may seem minor, the Ministry of Economy lessened the weight of each bread bundle, making it a sneaky increase in price.

B.S.H. raided the Federal Bank branch in Hamra with a military weapon and a gasoline gallon to retrieve all of the money from his account after the bank refused several times to give him the necessary amount to cover his father's medical care.

September

Between April 23 and September 23, 2022, more than 98 people died leaving Lebanon by sea towards Europe. 591 people were rescued after being stranded at sea, while 557 others were arrested before leaving on their death journeys.

Various people forcibly retrieved their deposits that were stuck in banks. Several incidents took place in different banks: BLOM Bank, Tariq el Jdideh & Sodeco Square; Bank Byblos, Ghazieh; Bank Med, Aley

Banks went on strike to pressure the state to impose security measures regulating depositors' visits to banks.

A 3-month-old girl who was aboard a migrant boat that set off from Lebanon died of dehydration. The boat was reported as being adrift off the shores of Malta due to running out of fuel. The 250 passengers on board reported exhaustion as they ran out of food and water.

October

Lebanese MPs passed a law on October 18 instituting a World Bank loan of $150 million to finance wheat imports in Lebanon.

Multiple depositors continued to fight for their money that was stuck in banks. Several incidents took place in different banks: BLOM Bank, Saida & Haret Hreik; Byblos Bank, Tyre; BLC Bank, Chtaura; among others. While some succeeded in taking back their deposits, others did not & were arrested.

169 confirmed cases of cholera in Lebanon. Lack of water pumping stations hindered access to clean water.

MP Cynthia Zarazir retrieved some of her deposit from Byblos Bank after protesting, to cover the cost of a scheduled surgery.

In Hazmieh, the Honorary Consulate General of Ireland in Lebanon, Georges Siam, continued his sit-in inside Intercontinental Bank to retrieve his deposit.

Workers from the Qadisha Electricity Company organized a sit-in inside the FNB branch in Tripoli, to demand the payment of their salaries without delay.

November

Depositor W.H. stormed the Credit Libanais branch in Chehim to take back his money and cover the cost of his wife's cancer treatment.

Several groups held a protest in front of Parliament to object to the passing of the Capital Control Law.

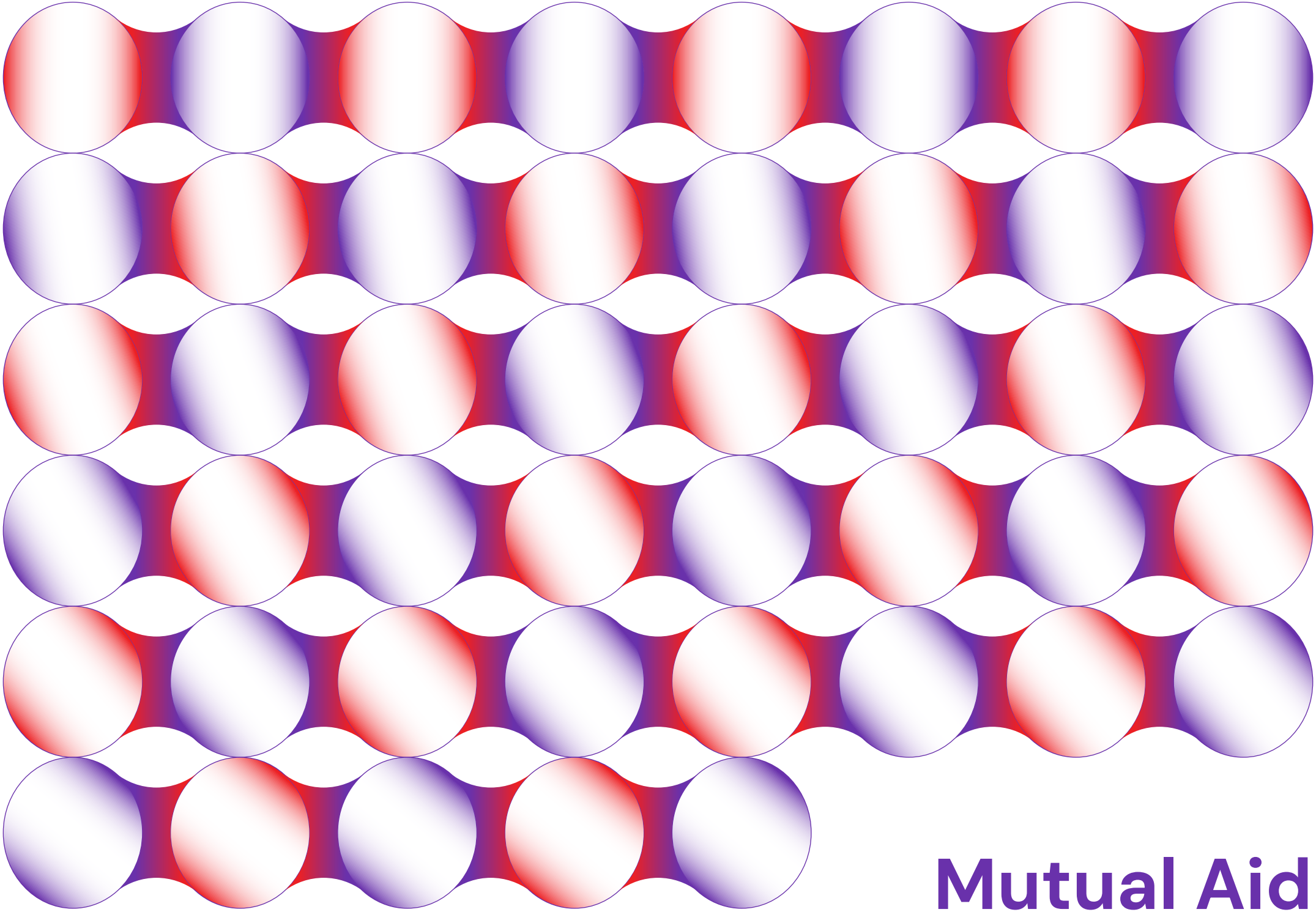
The Minister of Interior and Municipalities requested the ban of all "gatherings related to the homosexual phenomenon."

December

Economy Minister Amin stated that the $150 million World Bank loan granted to Lebanon to finance wheat imports will be implemented at the end of December.

Infant formula began to disappear from pharmacies.

4 out of 10 spots along the Litani River were announced as contaminated with cholera.


Mutual Aid

Framework

As capitalism persists, its values seep further into our social structures, emphasizing self-interest over collective well-being and nurturing connections based on potential profit rather than trust, care, and community building.

The scarcity of resources in Lebanon has become increasingly evident in recent years, as highlighted by The A Project's sexuality hotline data in 2022. In fact, approximately 60% of calls received by the sexuality hotline in 2022 were related to lack of resources–specifically regarding access to medication, gender-affirming care, shelter, as well as financial and emergency support. It comes as no surprise that with the removal of subsidies on medication and fuel, along with rising prices of basic goods like milk and bread, frequent electricity blackouts, internet outages, and the dollarization of the market, we continue to witness the failures of the Lebanese state as it continues to accumulate wealth and resources. In addition, the current crises in Lebanon have been hijacked by NGO-ization, where non-governmental organizations (NGOs) address struggles in isolation, neglecting the political roots of individual hardships and systemic failures. Instead, they often rely on a charity model that upholds a narrative of "deservingness" through selective and conditional criteria for support, disregarding autonomy and agency and thus fostering a culture of dependency.

We look to mutual aid as a framework that centers people in its approach and recognizes lack of support as a systemic failure rather than an individual one. Mutual aid comes in as a voluntary, decentralized system where communities pool resources to support each other in times of need. These efforts are organized at the grassroots level, allowing for flexibility to respond to community needs. Within this model, decision-making is distributed among multiple community members, which promotes equal power-sharing and harbors a sense of collective harmony. We cite this framework because it is a cornerstone of community building, organized by the people, for the people, where we come together to support one another without external authorities or government mandates. Such support encompasses more than financial aid and highlights the significance of sharing skills, knowledge, peer support, and labor.

Next, we take a step back to understand this framework historically as this model has been practiced for centuries. Mutual aid groups can be traced back to 1787 in the United States when The Free African Society established The Black Panther Party (Holloway et al., 2023)[1]. The Black Panther Party was a collective of grassroots and community-led initiatives that developed Survival Programs. These programs were support networks that offered free breakfasts to children, set up health clinics and educational programs, and taught self-defense courses in socio-economically marginalized neighborhoods. This is a prime example of how local communities can take action to support one another without state imposition (Spade, 2020)[2].

1 Holloway, Brendon T., C. Riley Hostetter, Karaya Morris, Jax Kynn, and Maximillion Kilby. "'We're All We Have': Envisioning the Future of Mutual Aid from Queer and Trans Perspectives." The Journal of Sociology & Social Welfare 50, no. 1 (January 1, 2023). https://doi.org/10.15453/0191-5096.4693.

2 Spade, Dean. Mutual Aid: Building Solidarity During This Crisis (and the Next). London; Brooklyn, NY: Verso, 2020.

When examining mutual aid through a feminist and queer lens, we witness its ability to bridge the gap between theory and praxis. Systemic failures are the root of suffering, not for lack of individual responsibility. Once we acknowledge this, we can reaffirm our tools for political and communal analysis and organization. In this way, we reclaim the power obstructed by the system.

Within the context of state-sanctioned violence, community support and restorative growth become integral to survival. Another notable initiative is the Sylvia Rivera Law Project (SRLP), a collective dedicated to providing legal aid to low-income transgender, intersex, and gender nonconforming individuals in New York City, addressing issues such as government name changes, incarceration, immigration, and gender-affirming care. Such initiatives exemplify mutual aid models borne from a collective analysis of oppressive systems and the recognition of our power as a people when we unite (Spade, 2020).

Mutual aid groups continue to grow in the face of crises. Few examples to name are: Kudumbashree, a women's self-help group network in Kerala, India supporting income-generating and educational activities; Venezuelan Migrant Crisis, a mutual aid network formed in countries neighboring Venezuela, to assist Venezuelan migrants and refugees with access to resources. In the face of war, we further recognize the significance of mutual aid groups, such as the White Helmets in Syria, Ta'afi in Iraq, and Taa Marbouta in Gaza. In Lebanon, we note the birth of many mutual aid initiatives, such as the Queer Relief Fund, Queer Mutual Aid, and even personal fundraising initiatives such as hosting dinners to raise funds for queer folks who were affected by the earthquake in Turkey in 2023 or the Beirut blast in 2020, and the use of social media as a tool to organize mutual financial aid.

It's important to note that mutual aid initiatives extend beyond immediate or short-term relief. They contribute to transformative change efforts aimed at altering the system on a foundational, structural, and functional level. They focus on long-term sustainability and resilience-building within communities, fostering lasting shifts in social norms, policies, and structures. This is why we recognize the role of queer kinship[3] in mutual aid. We have been socialized to view bonds only within the realms of bloodline and sectarian affiliation; through our nuclear and biological families, however, within feminist solidarity, kinship functions as an essential factor for belonging. It teaches us how we can form community bonds away from familial obligation and further allows us to show up for each other. Such kinship can serve as a protective factor against isolation in times of crises. For example, due to hyperinflation and increasing rates of unemployment in Lebanon, many of us had to resort to living with our biological families in the face of economic hardships. Though this can alleviate some financial burdens, it is also often a gateway for violence and isolation for many of us, specifically queer and transgender individuals. Here, solidarity networks can be a safety net to fall back on when in crisis, without undermining our agency.

Mentorship is another vital component of queer and trans* kinship, as reflected in history among the houses[4] established by trans women, which maintain intergenerational knowledge and resource sharing. In this context, experienced and knowledgeable trans* folks offer their guidance as learning tools for those just beginning their journeys of self-discovery and self-acceptance. This is a role our sexuality hotline counselors strive to maintain. All of these tightly knit bonds create a broader platform for mutual aid groups to discuss, organize, and mobilize. We can only strengthen our activism and assert our positions in relation to our philosophy by building relationships based on trust, compassion, and knowledge-sharing.

3 Queer kinship theory explores and challenges traditional notions of family, relationships, and ties through a queer perspective. It critically examines and deconstructs normative ideas about family structures, challenging heteronormative and cisnormative assumptions.

4 Houses here refers to support networks that have been historically created by trans women of color, dating back to the late 1970's in New York City. These houses aimed to provide a sense of belonging, family, and community; offering guidance and resources to their members.

Application of Framework

i.
The Sexuality Hotline

We founded our sexuality hotline on the principle that everyone should have access to support, information, and services. We firmly believe that sexuality cannot be considered in isolation from broader societal issues, including ageism, racism, classism, ableism, politics, economy, war, and laws. To this end, the sexuality hotline operates within a framework of mutual aid and solidarity. It functions on a cooperative basis where members collaborate to share resources and extend assistance to various communities in times of need.

As we continue to explore mutual aid in our work, we reiterate the role of kinship within the sexuality hotline. While our callers and counselors remain anonymous to each other, they engage in profound exchanges of intimacy. It requires a great deal of vulnerability and trust to reach out to the sexuality hotline and engage in honest, open discussions on topics often subjected to scrutiny and vilification. Our counselors seek to provide a safe space to explore taboos such as pleasure, STIs, unwanted pregnancies, sexuality, polyamory, mental health, among many others. The commitment of our counselors to volunteer, despite their own struggles with the same issues our callers inquire about, is a testament to the strength of community bonds within a country facing resource shortages.

We are continuously learning from—and with—our callers and members; often engaging in conversations about power-sharing, decision-making and knowledge-sharing no matter how challenging–and equally rewarding–these discussions may be.

By maintaining ongoing conversations with each other, we move away from implementing programs according to funding opportunities. Instead, we collaboratively brainstorm initiatives based on community needs and explore plans of action as a unit with a shared sense of responsibility. This approach reaffirms to us that community mobilization and movement building should not be reserved for "experts" to oversee and regulate as a profession. Holding a relevant degree has never been a prerequisite for empathy and dialogue.

In fact, the heart of solidarity work has always resided within community networks and a shared commitment to transformative change.

We treat the sexuality hotline with the hope that it can continue to operate independently as a community resource even if The A Project were to cease to exist.

ii.
Mutual Aid in Practice

To further explore mutual aid and solidarity work in our context, specifically within the past few years, we conducted a focus group discussion with Friends of The A Project on February 5th, 2024.

The discussion, lasting 90 minutes, was held at our space and included 7 participants with varying experiences in mutual aid, including both collective and individual involvement within and outside of The A Project. We structured the discussion around 7 questions that explored perceptions, definitions, challenges, and needs relating to mutual aid and solidarity work. To encourage open dialogue, participant identities were kept confidential.

The future. Hope. Revolution. Trial. Power. Sisterhood. Survival. Alternative.

These are some of the words that came up in conversation with members engaged in mutual aid and solidarity work. We also discussed NGO-ization, which is the process of NGOs adopting activism through a lens of professionalism, bureaucracy, and resource dependency. The conversation below showcases how such a model robs people from their autonomy and further disempowers them.

I.
Fostering Trust & Building Connections

In the beginning of the discussion, people introduced their motivations to engage in mutual aid and solidarity work. A shared sentiment at the baseline was an intrinsic need for connectedness.

In October 2019, we took to the streets to mobilize against the status quo, however, these efforts were halted as the COVID-19 pandemic took place in early 2020. Even though we were isolated, we were still willing to put all our energy into organizing. Yet shortly after, the Beirut blast took place, leaving us mournful and further isolated in our exhaustion. Bearing this mind, it makes absolute sense that in 2022, we collectively felt a deep-seated need for connection and action. One of the participants of the focus group stated that in 2022, "there was a need for [mutual aid]; [....] a need to be a part of something," a sentiment shared by participants who also sought purpose, and agency through their engagement with mutual aid. We further explored this intrinsic desire to contribute to something meaningful and reflected on the organic nature of mutual aid within friendships. "It's always been there, before we even had the words for it," expressed one of the participants, highlighting our innate inclination towards collective care and support. "It's a part of how I love to exist in my friendships and how I imagine relationships," they continued. There was a consensus that mutual aid allowed for "imagining and dreaming that we can do things differently"; an alternative to pre-existing structures.

Resources, such as money, energy, and time came up in conversation, too. At first, when thinking of pre-existing structures, we talked about the nuclear family and the expectations that come with it. Specifically, we discussed how often in our familial relationships, we tend to feel indebted to offer support, which takes on the form of duty. In comparison, when talking about relationships formed within mutual aid and solidarity work, we engage in relationships in non-transactional ways rather than feeling indebted: "Within mutual aid, there's a certain readiness to take action, regardless of what has been done by the person on the other end. It changes the perspective of showing up because of duty".

Another person echoed similar thoughts: "I often feel I don't have the energy or capacity to give, but I learned that even within that, even within preserving my energy, I can find alternatives to where and how I can put [in effort to show up]. There are things I cannot offer support in, and others I can". Regarding devoting one's energy to support others, a participant shared that one of their fears when engaging in mutual aid is "not knowing how to draw boundaries and how to maintain [their] energy". They continued: "I don't want people to do things for me out of guilt or pity. And I don't want to do things for others out of a perceived sense of duty. I don't want to exist in a world like this. I want to exist in a world where I would run for someone not because I'm expected to, but because it's what I can do to reimagine a safer world". We then discussed the role of mutual aid beyond financial support:

"What I love about mutual aid is that you don't need to have capital to help. What you have is what you give".

Another person highlighted the transformative impact of offering holistic support: "It's not just about money, it's also about being there". They shared how the accompaniment model, especially the systems that feminist and queer groups practice in South America, changed their perception of friendships and of mutual aid: "Accompanying people makes all the difference. Seeing how much difference it makes to accompany someone during a hard time so they don't feel alone or ashamed of what they're going through very easily made accompaniment the model for a lot of my relationships."

Although the relationships established through mutual aid and solidarity tend to be organic; they are not effortless. To expand on that, we quote directly from our focus group discussion: "[Mutual aid] is about finding alternatives, but it's also about not finding alternatives as long as what you're doing makes sense to the other person, who is often from a different reality and background than you. It's an organic process that is not alien to our culture. For example, say I was talking to a person and they mention that someone needs support to find a job. The conversation instantly goes to 'let's get to know them - what are their skills and what do they like to do?' Me? I can do what I can do, which is to involve the other person in the process, rather than just offering them what I think is best. Guiding people to get the support they need is important because it reminds them of their agency. I do my part and you do yours. [The cathartic thing about mutual aid is that it reminds you that] you can still do something for yourself; I know you can't do it alone, and I'm here to help you through it, rather than offer it to you. That's why it's organic".

Another person in our focus group highlighted another aspect of the organic process of mutual aid: "There's a lot of deconstruction, self-reflection and inner work in mutual aid, and when you tap into that, the work stops feeling like work. Feeling a genuine connection whether practicing things on your own, with another other person, or a group, is what assures me that this work is intentional and organic".

II.
Community Mobilization & Movement Building

Apart from relationships, we reflected on other factors that hold significant weight in the practice of mutual aid and solidarity work. Participants noted an urgent increase in community needs since 2022, such as affordable doctor consultations, access to medication, community spaces, employment opportunities, urgent, safe, and even long-term housing. These needs were highlighted especially for marginalized folks facing discrimination and systemic barriers - such as trans* and queer people, as well as refugees, migrant workers, and stateless folks whose mobility and transportation are often affected by their legal status. A member of our focus group disclosed that one big challenge is the fact that "we can't always access resources that are safe for others. For example, we can't recommend employment opportunities that would exacerbate a person's vulnerability in exchange for making a living". Moreover, we discussed the increased violence in the past few years, from queer and trans* hypervisibility to racist attacks. "People are in hiding because they are scared of this violence, which not only isolates a person, but also affects their ability to find job opportunities and build genuine community bonds".

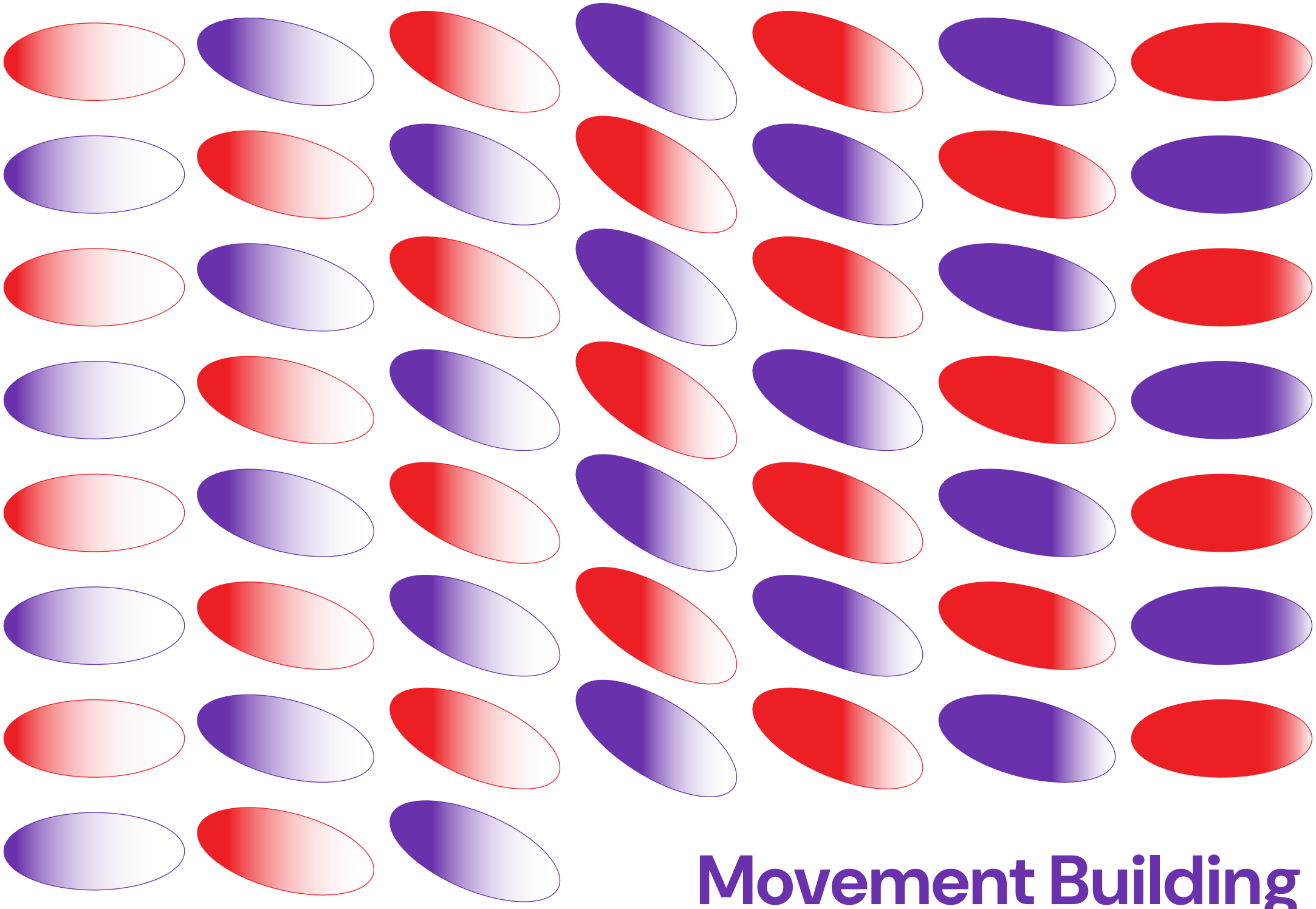
These issues underscore the crucial role of mutual aid in bridging gaps left by systemic failures and addressing immediate needs. Other challenges, such as perceptions enforced by the charity model NGOs uphold came up in conversation: "People perceive all support within the charity model because they're used to the way NGOs operate. This model–focused on eligibility criteria and disregard of autonomy–forces people to lie to be deserving of the support they're asking for". Within the context of mutual aid and solidarity work, the charity model further becomes a barrier to building genuine relationships with others because they expect that any form of support adopts the same approach. This dependency increases when people expect others to provide them with support, rather than empowering them through it: "You have to disclaim: 'hey, I'm not the one who's gonna provide you everything, but I can accompany you–look for jobs or housing with you', so there's a lot of barriers to break in such relationships and it takes a lot of time and it doesn't always work. When it does work, that's a huge win because it really changes something fundamental, where the person receiving support is less burdened and more empowered, and the person accompanying them feels the same". This reaffirms our belief that intentional collaboration, trust-building, and shared resources are crucial in the face of dependency and other limitations imposed by NGOization.

"People assume we know how to do everything [related to mutual aid] within our context, but we don't," a participant disclosed. A trial and error approach to finding alternative ways of supporting each other came up in conversation numerous times. When asked what kind of support does mutual aid and solidarity work require, people shared that

"We need a radical change in the way we organize as feminists and queers. We need to build more bridges and trust and we need to expand".

We need "documentation of these learning; the mechanisms, tools, and stories so they can be passed on to others". We need "a good referral system and database, and to find ways to utilize the data without jeopardizing anyone's safety, to know who we can connect with" because we cannot always disclose to certain NGOs that the services we're asking for are for a queer or trans* person, for example. And most importantly, "we need to be able to eat and sleep and get to places safely before we can engage in such work. If we're always worried about basic needs, it's hard to have expectations that we can actually engage in this work."

The role of mutual aid in movement building was recognized as a foundation for political organizing in this conversation: "Building connections with others is essential because it's within these safe spaces that we know we can turn to when we are in need that political organizing begins. Knowing that we have shared values and intentions and knowing we can rely on each other is what mutual aid is. We need to trust and be trusting to be able to organize together. No collective or organization can carry the whole weight of organizing. It's something that we need to do together". Such essential support networks fuel political action and foster individual and collective empowerment in the face of systemic failures, which allows us to pour in more resources into collective action and care. When we know we can fall back on each other, protect each other, and advocate for each other, then the fear of violence in all its forms no longer overshadows our every step, and we find power in fighting the status quo.


Movement Building

Movement building and mutual aid intersect in a shared goal of fostering collective action and solidarity. We cannot come together to organize without centering community-driven support systems that allow us to share knowledge and resources. When we build trust in our communities, when we feel safe in our everyday lives and encounters, when we have the space to reimagine liberation collectively, we can mobilize toward political action. Integrating mutual aid and solidarity practices into movement building efforts allows for collective wellbeing and sustainable community bonds. If we cannot take care of ourselves and each other, we cannot reclaim our power to bring transformative change.

In this section, we examine movement building through four lenses:

1 **No Borders / Anti-Racism**

2 **Queer & Trans* Liberation**

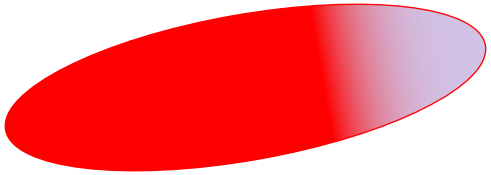
3 **Gender Justice**

4 **Universal Healthcare**

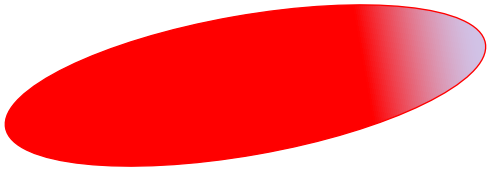
No Borders / Anti-Racism

Movement building and transnational solidarity foster connections across borders between folks who share a similar fight for transformative change. When these values and goals resonate across borders, transnational solidarity becomes a precursor for liberation and mutual aid — disseminating information, knowledge and exhibiting parallel shared experiences across borders, is one way to spark community mobilizing efforts that transcend national boundaries.

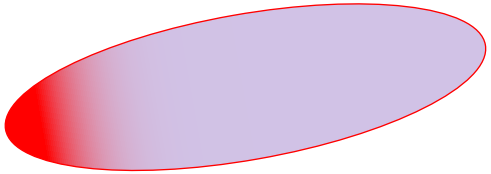
On the sexuality hotline, we are witnessing growth in callers from countries outside of Lebanon, indicating a more pronounced and gradual positioning of the hotline as a regional resource. Regionally, a unifying factor is our shared aspiration for sexual liberation and autonomy. People are reaching out to us from different countries and expressing similar barriers to sexual reproductive health and rights that we suffer through here in Lebanon. This lays the foundation for active participation in a regional movement for reproductive justice and urges us to pay attention to what we can collectively build across borders. We hope that people seeking support from the sexuality hotline can too become channels of information, sharing and fostering a sense of solidarity within their communities.



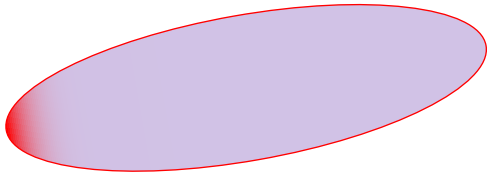
Seventy four percent (74%) of all sexuality hotline documented calls in 2022 were made by callers holding a Lebanese nationality. A total of 19 other nationalities reached out to the hotline as well.



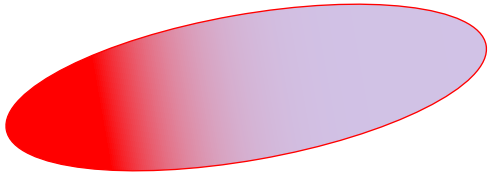
In fact, of the 118 global calls received in 2022, most of them (83%) were attributed to callers from South West Asia and North Africa (SWANA) countries. We also received calls from the Americas (6 total calls), Europe (4 calls), and nine calls from individuals providing no specific location beyond "abroad".



The second most prevalent nationality among hotline callers was Syrian, comprising 11% of all calls (94 calls). Following closely were Palestinian callers (26 calls); Egyptian (16 calls), Jordanian (12 calls), and Iraqi (8 calls).



Other nationalities contacting the sexuality hotline in 2022 included people from Ethiopia, Kuwait, Morocco, Philippines, Qatar, Saudi Arabia, Sudan, Tanzania, Tunisia, the United States, and Yemen, collectively accounting for 4.5% of all calls.



In aggregate, non-Lebanese callers constituted 21.8% of all calls, with 4.2% (187 callers) choosing not to disclose their nationality.

Calls we received from outside of Lebanon retell similar experiences that callers in Lebanon share. Sexual reproductive health and rights—particularly conversations surrounding contraceptives, consent, family planning, pleasure, virginity constructs, and STIs—remained an overarching theme for many of our callers, irrespective of their location or nationality.

The ability to connect beyond borders allows us to create support networks that can endorse resource and knowledge sharing and thus, to break down fallacies and stigmas that influence our relationships with our bodies, ideologies, and communities. By acknowledging the ways in which different struggles overlap, we further learn how we can build across movements and foster a more inclusive and powerful regional solidarity.

A number of our callers in 2022 were refugees residing in Lebanon. Many of the conversations they held with us critiqued the challenges associated with NGO-ization, and shed light on the limited support available to refugees. They expressed their growing frustrations and ongoing struggles to cover the cost of living. The inability to find sustainable work and the structure of social assistance continue to prove the struggles of refugees living in Lebanon, now more than ever, in the face of heightened inflation and the dollarization of the market.

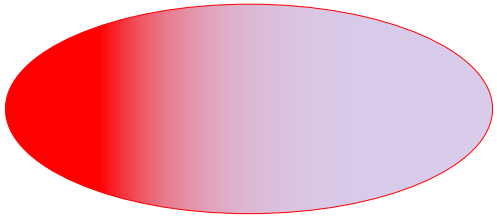
Many of these callers disclosed inaccessibility of affordable resources, specifically healthcare resources. People suffering from chronic illnesses such as obstructive respiratory diseases and hormonal ailments, to the imminent needs of prospective mothers who cannot afford the exuberant cost of childbirth, shared their experiences with our counselors. One caller specifically shared the profound difficulty and loss of dignity in relying on NGOs for vital resources, often encountering discriminatory practices and dehumanizing eligibility criteria. Additionally, there were cases of single mothers whose husbands are unable or unwilling to work, or who have long abandoned them. These women find themselves without a support system that allows them to adequately care for and provide for themselves and their children, be it their families, the state or humanitarian aid agencies.

Moreover, some of our callers were migrant domestic workers who disclosed facing discrimination under the Kafala system in Lebanon and are routinely denied legal labor protection. They reported suffering severe restrictions on their freedom of movement, communication, and employment. Although the callers expressed some of the common issues that the sexuality hotline is often contacted for, an overarching theme among migrant workers who reached out to us was the difficulty of finding the right resources in regards to physical health, which was often exacerbated by employer violence, be it sexual, emotional, or physical.

We cannot imagine collective liberation without centering the rights of refugees and migrant workers in our movements. The immense alienation refugees and migrants express reflect not only the reality of racism in Lebanon, but also the segregations within our movements, and the practice of single-issued NGOs that hijack these causes and neutralize its activists and community leaders.

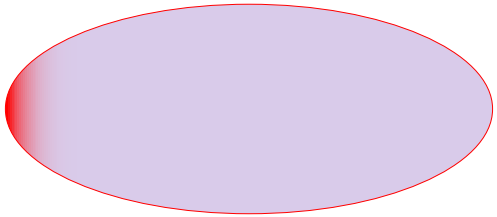
Queer + Trans* Liberation

We can only create spaces that nourish both personal growth and collective resistance by fostering caring and supportive communities. Borrowing from Audre Lorde's The Uses of the Erotic: The Erotic as Power[5], we recognize self-advocacy as a powertool rooted in the acknowledgment and celebration of one's desires and identity, as an agent of resistance in the face of societal norms that seek to suppress and control autonomous expression. Queer and trans* folks in Lebanon were especially affected by the crises in 2022 as anti-queer and anti-gender violence continues to rise and resources continue to diminish.



In 2022, the second highest percentage (24.3%) of callers was made by trans women, making up 238 calls of all 1,147 calls, in comparison to calls from cis women, who were the highest demographic recorded in 2022 (50.7%).

This is a 7.7% increase in calls from trans women since 2021. It's worth noting that since 2022, we have been actively providing support for people seeking gender-affirming hormones. Housing issues, particularly affecting trans women, have also played a role in trans women reaching out to the sexuality hotline.



The rest of the calls from trans* folks consisted of 47 calls (4.8%) from trans men. Gender nonconforming callers made up 1.8% (18) of all calls, while non-binary and genderfluid folks accounted for 0.8% (8 calls) and 0.7% (7 calls), respectively.

Nevertheless, the highest requested resource in 2022 among our trans* callers was shelter, followed by financial support and inquiries related to trans* health, respectively. The lack of such essential resources showcases the immense neglect and marginalization of trans* folks and their health in Lebanon. While writing this, we especially think of a trans woman who reported to one of our counselors that she had to move back to her family's house outside of Beirut due to the risks of houselessness and street violence she experienced in Beirut. She shared that she ended up receiving many threats and being subjected to discrimination by her family and surroundings, which forced her to come back to Beirut, where she continued to experience violence and houselessness. Other trans* callers also reported being subjected to discrimination at work on the basis of their gender identity, forcing them into unemployment and threatening their access to not only shelter, but also other necessities such as food, water, electricity, and medical attention.

Access to resources was a recurrent topic with our queer callers too. Specifically, queer folks disclosed experiencing work and housing discrimination because of their queerness being labeled as deviant and predatory in the workplace or neighborhood. Such alienation exacerbated the isolation felt by queer folks who reported having to move back into their parents' households for lack of financial resources, and in some instances, our queer callers also expressed being subjected to familial violence.

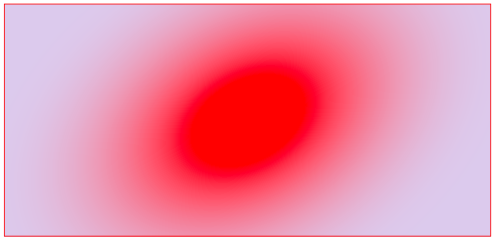
On top of safety concerns, queer and trans* callers reached out to us to discuss the complexities of attraction, gender, and relationships within the context of Lebanon and its increasing homophobia and transphobia. In 2022, our callers were increasingly interested in learning and discussing their sexual reproductive health, whether related to safe sex practices, STIs, pleasure, consent, among other topics. This proves that many of our callers are eager to explore their identities outside of societal norms. We go back to Audre Lorde once again to recognize that self-discovery leads to inspiration and aspiration when we are given the space to experience a sense of fulfillment around our identities.

Taking all of this into account, we cannot discuss queer and trans* liberation without highlighting how crucial access to basic resources is. When we face deprivation and insecurity of food, shelter, healthcare, while concurrently facing violence in the private and public arena alike, that is when all our energy and vigilance becomes focused on day-to-day survival. The scarcity of basic necessities can exclude us from movements, making movement actors not fully representative of the community they belong to, and forcing liberation to be imagined through an exclusionary lens, rather than an all-encompassing lens of transformative justice. On the other hand, when we engage in mutual aid and solidarity practices, community mobilizing and organizing begins at the base of ensuring we have what we need to survive, and it is only through such community bonds and support that we can build spaces that allow us to advocate for all queer and trans* folks and reimagine collective liberation.

5 Lorde, Audre. Uses of the Erotic: The Erotic as Power. Brooklyn, NY: Out & Out Books, 1978.

Gender Justice

When we think of gender justice, we think of the many women who reached out to the sexuality hotline to share experiences of multifaceted oppression. Whether it was partner abuse, familial authoritarianism, state violence, or lack of service provision, women continued to share with us the devastating repercussions of living within the confines of the patriarchy.



In 2022, the majority of calls–totaling 978 where gender was recorded–were made by cisgender women, constituting 50.7% (496 calls).

The stories shared by cis women through the sexuality hotline illuminate a recurrent theme of women grappling with contingent, limited, or entirely absent resources. These systemic challenges are upheld by heteropatriarchy and exacerbated by lack of community support. Within these calls, cisgender women frequently disclosed experiences of familial violence encompassing physical, emotional, and/or sexual abuse perpetrated by partners, fathers, brothers, and/or uncles. Some women shared stories of violence by the hands of a family member when their sexual activity was revealed as a "scandal", and many expressed fear of family members discovering their sexual activity. In fact, some callers reached out to the sexuality hotline seeking a referral to a doctor who could perform a hymenoplasty in order to protect themselves from these grave threats. Women also expressed shame and fear to our counselors when pregnancy was a possibility. We emphasize that women's experiences of violence aren't always directly linked to their sexual activity. Many women reported abuse and harassment to the sexuality hotline regardless of their sexual activity (or lack thereof). For example, some of the single mothers who called us in 2022 shared their struggle with the punitive and cruel nature of custody laws and family courts in Lebanon. Callers divulged how they either lost custody of their children, or stayed with abusive partners due to fear of losing custody and/or lacking the financial resources to solely support their families.

Queer women also shared experiences of homophobia from their family members, resulting in isolation, emotional and physical violence, and/or blackmail. They also described feeling threatened by neighbors and employers who knew or suspected that they were queer. Some callers shared their struggle to form fulfilling queer relationships because of the limitations set on their queer interactions, whether related to the lack of safe community spaces or lack of privacy within their familial households. We recall a conversation between one of our counselors and a queer caller who expressed that she could not seek help in the face of the abuse she was experiencing at the hands of her partner because her support system did not condone queer relationships.
Moreover, non-Lebanese women shared experiences of gendered violence that was exacerbated by racism in Lebanon. Some callers who are refugees and migrant women reached out to the sexuality hotline in 2022 to report instances of gendered violence both within NGOs and their immediate surroundings. Refugee women expressed a pervasive sense of dehumanization in their daily lives, and migrant women under the Kafala system reported isolation due to lack of legal protection. Many of the violent instances reported included sexual assault, physical abuse, blackmail, and/or extortion. We think of a caller who shared that she got pregnant and her partner was forcing her to maintain the pregnancy, despite her desire to be childless, because he felt that it was shameful to terminate the pregnancy.

It is shameful that the men who patriarchy labels as protectors are frequently the same men who threaten us, violate us, and make decisions on our behalf. These men—our fathers, brothers, uncles, partners—often prefer adhering to sexist and misogynistic beliefs on our account, rather than challenging them to imagine a safer world for everyone, including themselves.

Cisgender men made 140 calls to the sexuality hotline in 2022, accounting for 14.3% of all calls.

Some men reported incidents of sexual violence perpetuated by men in their communities and expressed feelings of shame and lack of community support. Other calls made by cisgender men explored sexuality from orientation to fetishes, contraception, and STIs, and disclosed a struggle to reconcile their sexual lives with the puritan values that surround them. All of us have been conditioned to feel ashamed of our bodies and the freedom that comes with embracing pleasure. This shame further isolates us in our desires and leaves us uncertain about our right to discover and control our own bodies.

Our callers showcase the dire need for community support and transformative solidarity efforts. In addition to mental health resources being so inaccessible, our callers often expressed that their support systems, especially in the context of taboos, are incredibly limited or even nonexistent. Building on Nick Montgomery and Carla Bergman's book Joyful Militancy[6], we recognize isolation as a compound of various forms of oppression. This isolation is almost sneakily endorsed by systems that prioritize individual success over collective well-being. They disregard the significance of self-care and self-advocacy in increasing our ability to navigate daily challenges because they hinder our ability to cultivate meaningful connections with others in our communities.

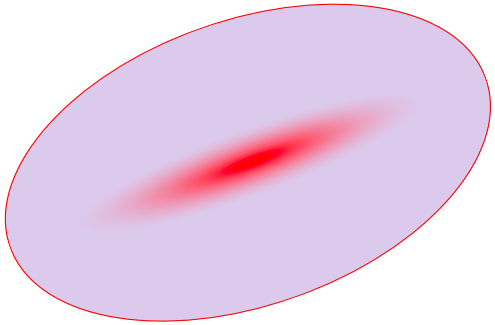
6 Bergman, Carla, and Nick Montgomery. Joyful Militancy: Building Thriving Resistance in Toxic Times. Edinburgh: AK Press, 2017.

Universal Healthcare Access

We firmly believe that universal healthcare is an inherent right belonging to every individual, irrespective of economic status, gender identity, sexual orientation, race, or ethnicity. It is a cornerstone of reproductive justice and it further allows us to reimagine collective well-being.

Nevertheless, healthcare practices in Lebanon operate as an extension of the state. They embody patriarchal standards that endorse cishetero-normativity. Within this understanding, nonconforming individuals are subject to exclusion, demonization, and punishment because they do not fit the heteronormative mold that is considered a standard for all bodies under healthcare. This is why our demand for universal healthcare transcends access to affordable and accessible medical attention. Our demand recognizes that the professionalization of medicine encompasses complex political dynamics and power imbalances. Medical practitioners, whether consciously or unconsciously, perpetuate the grip of patriarchy when they limit our agency in making decisions about our bodies. Our demand is to recenter healthcare and healing to a care-based model, that recognizes people and their communities, their needs and imaginaries for their health and bodies, and in a way that's accessible, available, and abundant.

In 2022, we observed a 7.8% increase in emergencies compared to our data from 2021.



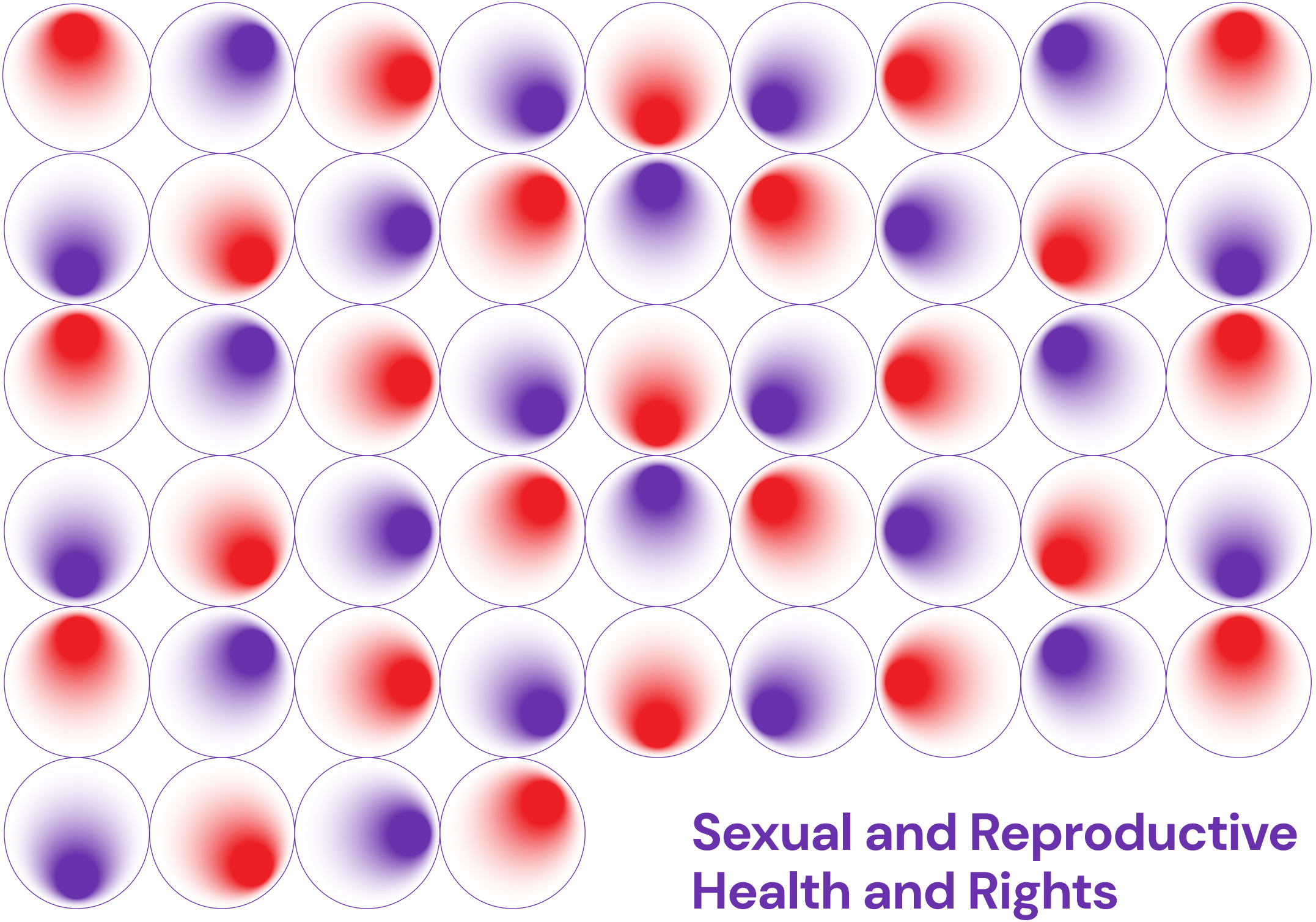
In fact, 10.4% of hotline calls were identified as emergencies in 2022.

Of the 119 documented emergencies, 38 cases were related to healthcare: 26 cases to physical health, 10 cases to mental health, and 2 cases of malnutrition, among others.

Many of these emergencies were linked to the inability to afford medication or medical attention. For instance, numerous callers requested financial support to cover the expenses of medical intervention for life-threatening conditions, such as gangrene or concussions. A concerning trend of significant inaccessibility to reproductive health resources also emerged. For example, a woman reached out to the sexuality hotline seeking financial support to purchase methotrexate injections due to an ectopic pregnancy, a life-threatening and time-sensitive condition. Another pregnant woman, who had struggled with multiple miscarriages in the past and couldn't afford hospitalization, inquired about organizations that could cover the expenses of cervical cerclage surgery so she doesn't risk losing her baby.

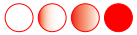
Financial constraints were not the sole impediment to obtaining proper medical care; non-Lebanese people residing in Lebanon without valid or with expired documents expressed challenges in accessing appropriate medical services due to the associated risks of moving between locations. Additionally, callers reporting mental health emergencies disclosed profound isolation and violence from their families due to their gender identity or sexuality, further compromising their well-being and, for some, leading to suicidal ideation.

A mutual aid and solidarity framework advocates for universal healthcare by recognizing that these individual experiences with healthcare professionals and healthcare systems are not isolated interactions, but rather, they are symptoms of larger systemic failures. When we explore alternatives to traditional healthcare access, we actively strengthen our support networks, enhance our collective well-being, strengthen community bonds, and assert our right to universal healthcare despite its current lack of accessibility.



Sexual and Reproductive Health and Rights

Agency and autonomy over our bodies and lives help us envision a world where reproductive justice and transformative change intersect  in a symbiotic dance, with a core  commitment to dismantling oppressive systems and fostering communities grounded in care and justice. Being involved in our health, managing it, and discovering our bodies extend beyond medical considerations and encompass a holistic  understanding of liberatory well-being.

When mutual aid intersects with sexual reproductive health and rights (SRHR), it can offer educational resources and workshops on SRH topics, including safe sex practices, sex-positive discourse, and self-assertion through proper education. Such interactions and conversations empower us with knowledge to make informed decisions about our bodies and seek  guidance without fear of stigma or judgment. Moreover, people may require accompaniment to and from SRH-related appointments, such as clinics for STI testing or abortion services, due to the vulnerability  one may feel in these environments. Mutual aid networks  can offer transportation and accompany individuals to these appointments, especially when discussing abortion in Lebanon, a topic that induces shame and criminalization merely by seeking proper referrals. Such crisis intervention also includes support  for survivors of sexual assault. By integrating support networks into SRH we can create more accessible, inclusive  , and supportive environments to make informed choices about our SRH needs and seek to address these issues at their roots  . Seeking to make informed choices about our sexual and reproductive health becomes more achievable and less daunting when supported by mutual aid networks and transformative change  approaches.

We explore sexual and reproductive rights within the following four sections:

1 **Abortion & Unwanted Pregnancy**

2 **Sexually Transmitted Infections (STIs)**

3 **Relationships & Pleasure**

4 **Gender-Affirming Healthcare**

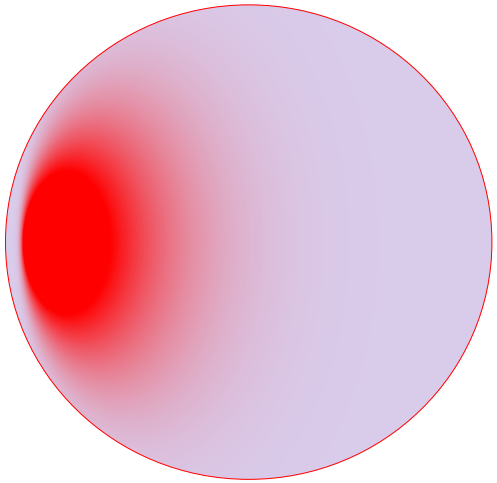
Abortion / Unwanted Pregnancy

We believe in the fundamental right of individuals to make decisions over their own bodies and intimate lives, and in the right to access the necessary resources to make informed decisions. We recognize the need for supportive community networks that can provide said resources to navigate the complexities of reproductive choices in a country that oppresses our agency and in result, undermines our safety and well-being.

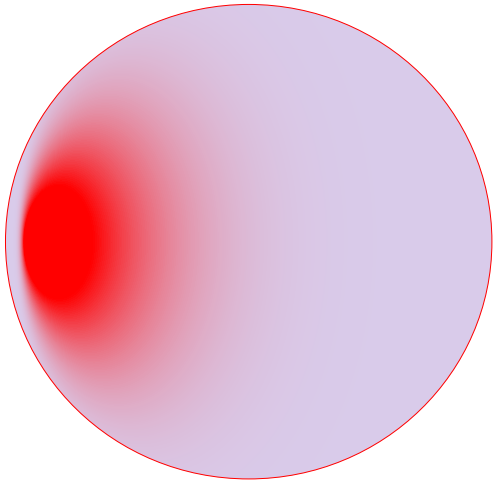
Talking about abortion inevitably involves confronting barriers to economic, social, legal, emotional, and mental dimensions. That is the case whether someone is forced into undergoing an unwanted abortion for financial or scandal-sparing reasons by their spouse or family members, or denied a wanted abortion for religious reasons or the extended family desire of having bigger families. Living under a system that fails to recognize bodily autonomy and agency ultimately shapes the decisions we make about our bodies. It can be greatly isolating to manage our health and explore our bodies when faced with the system's refusal to provide us the support, information, and services we need to be fully autonomous.

Doctors are often on the other end of these gatekept resources. They hold the power to make assumptions not only about our bodies, but also our rights, our lives, and our social standing. When you walk into a clinic and the gynecologist asks if you're married, they make an assumption based on your reply: if you are married, you are sexually active. If you are not married, they expect that you do not engage in premarital sex and assume that you do not need sex education or sexual health-related services - just yet. Such assumptions are the perfect example of the position of power medical professionals hold, how they reinforce cis heteronormativity and compulsory motherhood, and why many of us are terrified of seeking proper sexual and reproductive care.

Callers on the sexuality hotline reported not only being turned away for abortion services, but also being shamed for wanting to make such a decision.



In fact, in 2022, 23.4% of the calls received by the sexuality hotline were related to abortion (269 calls),



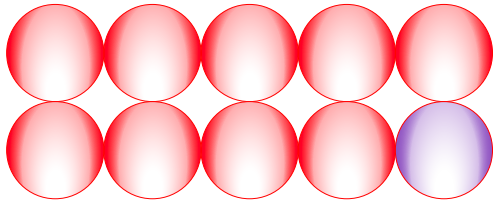
and 20.8% were related to unwanted pregnancy (235 calls).

In addition, 70 calls discussed post-abortion care and 61 calls inquired about emergency contraceptives. Conversations about these topics were characterized by panic and shame.

As we write this, we think of callers who asked our counselors painful questions on numerous occasions: "What if someone finds out and hurts me?" – "What if I have a child when I have no means of supporting them?" – "What if the doctor breaks confidentiality and tells my family?" – "What if the pharmacist slutshames me when I ask for this medication?"

It should not be normal for us to be so anxious about doctor visits, but when medical professionals operate as state agents who enforce regressive, colonial laws and perpetuate patriarchal standards, the most normal thing for us to feel is fear. The most normal thing for us to feel is that we don't have the right to fully be involved in our health.

This is the outcome of hypermedicalization; the feeling that each medical visit or procedure is yet another rigid, uncomfortable bureaucratic measure that is shaped by cold and impersonal interactions, rather than a genuine interest in managing one's own health and being actively involved in one's own wellbeing. The reality though is that shame and the financial crisis have led to a do-it-yourself (DIY) approach in health seeking, especially in sexual and reproductive health, and abortion care is no different. The only difference is that the criminalization and societal-doom that linger above abortion care (same as trans healthcare) have created a mystification around it which frightens seekers into seeking the guidance of any physician - even if they are morally opposed to these practices. In fact, the World Health Organization, as well as other international health bodies, have long ago proven the high safety and effectiveness of self-administering medical abortions at home without the need for a provider.



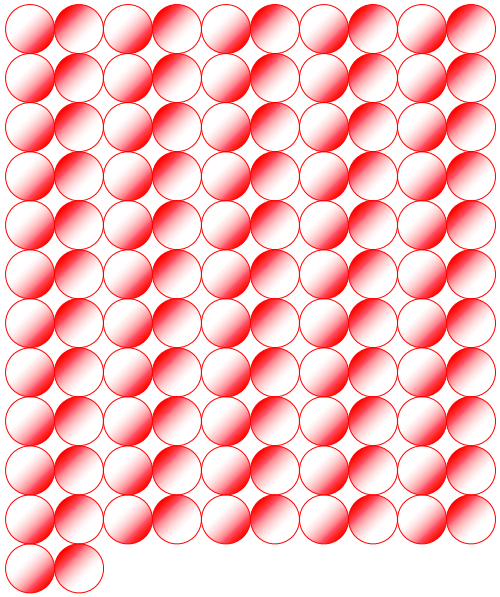
When guidelines are properly followed, 9 in 10 self-administered abortions are successful and safe.

However, an environment that inhibits access to abortion, inhibits access to safe abortions and follow-ups in the rare case of complications. Legal restrictions do not lower the chances of people needing abortions or them occurring, but rather, they lower the person's chance of survival in the face of using unsafe means[7]. This is why a judgment-free space to express worries and voice questions is crucial; people and their support systems should be fully informed, knowledgeable, sharing resources, and learning how to take care of friends and loved ones who are in recovery.

7 Keenan, Laura. "WHO Issues New Guidelines on Abortion to Help Countries Deliver Lifesaving Care." World Health Organization, March 9, 2023. https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls.

Sexually Transmitted Infections (STIs)

Similar encounters of anxiety and panic are prevalent when addressing topics related to sexually transmitted infections (STIs). The stigma surrounding not only STIs, but also discussions about sex in general, are dominated by shame and discomfort, and again, enforce barriers to open and honest education that is integral to safety and wellbeing. This stigma underscores the need for a safe space where people can seek information and support openly, and we operate our sexuality hotline based on this belief.



On the sexuality hotline, we received 112 calls pertaining to STIs in 2022.

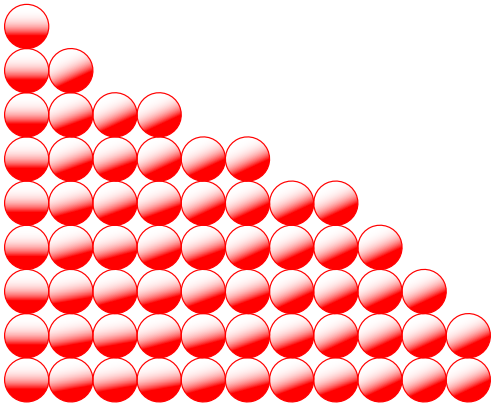
Conversation topics ranged from fears of contracting a specific STI or apprehensions about managing a pre-existing one.

Within this context, discussions about consent and privacy emerged, particularly regarding the challenge of disclosing one's STI status to partners and the discomfort that may come with it. Callers also shared misconceptions about the transmission of STIs, underlining the necessity for accurate and comprehensive sex education; one that does not use shame as a tool to enforce abstinence or adopt a sex-negative attitude, but rather, a form of education that acknowledges the pre-existing shame surrounding these conversations and makes room for such discomfort to be deconstructed.

The theme of hyper-medicalization also comes up when discussing STIs. Callers expressed a palpable fear of judgment from healthcare professionals. Many sought referrals for doctors who could provide non-judgmental care, emphasizing the need for doctors who understand and respect individuals for their sexual activity and status without imposing stigmatizing attitudes. This highlights the importance of creating healthcare alternatives that foster open communication, trust, and compassion, and recognize that seeking medical guidance on sexual health should be met with understanding rather than judgment. Many callers referenced seeking the guidance of pharmacists in order to DIY their STI treatment – prophylactic or curative all the same – all to avoid the interaction with a physician. We hope that people will have the opportunity to expand on the care they receive through engaging in medical mutual aid and solidarity; be it through medication donations, advice from someone who has had a similar experience, or even being able to safely disclose one's STI status.

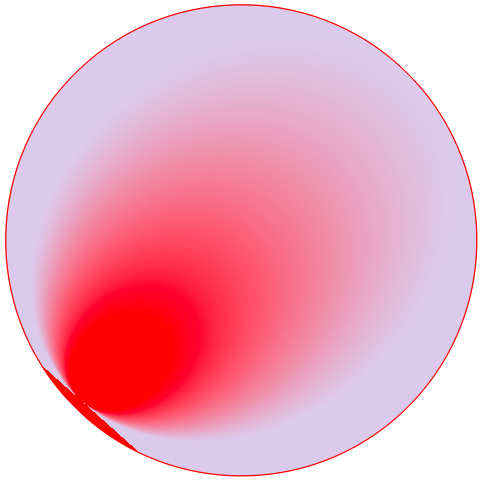
Relationships & Pleasure

Returning to Audre Lorde's profound insights in The Uses of The Erotic, we recognize pleasure as a force that extends beyond mere sexual gratification. It serves as a catalyst for creativity, self-affirmation, and a profound understanding of one's desires and boundaries. Embracing and honoring the erotic allows us to tap into a wellspring of vitality that transcends the confines of the bedroom. We passionately endorse the reclamation of pleasure through self-empowerment, viewing it as a transformative element with the potential to fuel both personal and political change. Pleasure, in this context, is intricately interwoven with the pursuit of wholeness, self-love, and a rejection of the societal norms that seek to suppress individual agency.



Conversations surrounding pleasure held a significance with our callers on the sexuality hotline in 2022, with a total of 62 instances discussing various facets of pleasure.

Callers raised inquiries about masturbation, orgasms, erectile dysfunction, premature ejaculation, climax, BDSM, kinks and fetishes, first-time penetrative sex, queer sex, sex while having an STI, consent, porn addiction, and constructs of virginity. Conversations about pleasure on the sexuality hotline have questioned if masturbation is normal, erectile dysfunction common, or if certain fetishes are indicative of deviance.



In a consistent trend with previous years, people in non-marital relationships made 204 calls in 2022, constituting 44.6% of total calls.

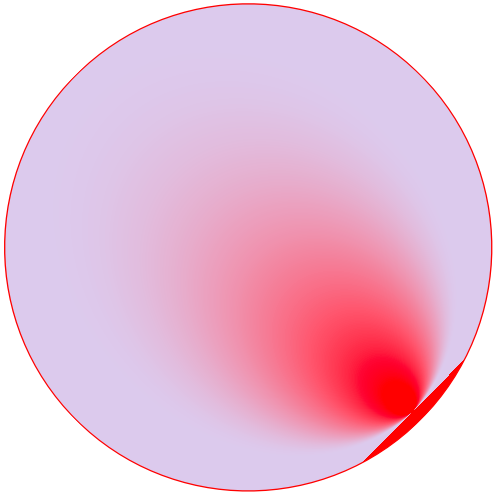
These calls addressed a diverse range of concerns, including unwanted pregnancies, pregnancy scares, pleasure, societal constructs surrounding virginity and STIs, and many sought information on sex-positive gynecologists. Partnered people also called to discuss relationship conflict and how to navigate it.

Callers navigating open or polyamorous relationships explored topics such as communication dynamics, establishing healthy boundaries, and navigating the intricate emotions and practices associated with ethical non-monogamy. We think of one caller who reached out to discuss why they "don't know how to be in a polyamorous relationship", only for them to learn with the counselor two things: that there is no requirement of being in a relationship model that makes them uncomfortable, and that the relationship model does not exist in a vacuum away from the existing dynamics and struggles that are already there between them and their partner.

We emphasize that these topics were not exclusive to individuals who reported being in a relationship. Many of our single callers reached out to discuss masturbation, the interpersonal dynamics that come with sex, consent, and pleasure. The commonality among all callers lies in the shared need for support and solidarity when it comes to personal and relational issues. Even though our callers have diverse relationship statuses, they called to have difficult conversations and ask intimate questions without being met with shame. Some of them called for information only, others called for emotional support as they managed their individual circumstances. Whether grappling with family planning, relationship complexities, or personal well-being concerns, the unifying thread is a shared vulnerability and a desire for understanding, advice, and support from the sexuality hotline.

Gender Affirming Healthcare

We propose that mutual aid serves as a connecting link for gender-affirming care. In Lebanon, gender nonconforming people experience immense anxiety when seeking healthcare providers whether it's for gender-affirming care or for general health needs.



On our hotline, approximately 22% of callers inquired about health providers specializing in sexual reproductive health.

We are continuously on the lookout for information and resources for individuals seeking gender-affirming care. This includes identifying trans-inclusive healthcare providers, sex-positive doctors, specialists in gender-affirming care, access to hormones, binders, and educational resources. These resources are gathered from the community for the community. They connect people with knowledgeable healthcare providers, support groups, and organizations specializing in gender-affirming healthcare. Collective effort is immensely significant in this context and fosters emotional support built through solidarity.

We advocate for the provision of universal healthcare that encompasses gender-affirming care for everyone. This advocacy stems from our firm belief in the critical importance of gender-affirming care, particularly in the context of residing in a country that persistently dehumanizes gender nonconforming individuals. For many within the trans* community, gender-affirming care is not just a medical necessity but an integral aspect of finding joy in our identities. Access to resources such as gender-affirming hormone therapy (GAHT), binders, various medical procedures, and even trans-friendly services like hairdressers can be life-altering for trans* folks seeking affirmation of their gender.

It is no surprise that many of our trans* callers express the need for mental health support, as dysphoria, within such scarce gender-affirming resources, becomes heightened. The availability of services catering to the needs of transgender folks is increasingly diminishing, with community centers and organizations either closing down or redirecting their efforts towards advocacy. Even securing the basics, such as finding a trans-friendly therapist or doctor, has become a formidable task, exacerbated by the economic crisis prompting many professionals to leave the country.

Given the scarcity of resources, a growing number of trans* folks are compelled to adopt a DIY approach to manage their health. This involves learning the intricacies of accessing hormones over-the-counter, self-administration techniques, and determining the most suitable hormone brands for their needs. On the sexuality hotline, we continue to gain a wider knowledge base - with and through our callers - to better understand the specifics of DIY gender-affirming care, encompassing various forms of GAHT, such as dosing, sourcing, and mode of uptake (injections, patches, gel, etc.).

Our trans* callers further enlighten us about the multifaceted challenges trans* folks face in navigating their identities within Lebanon. This includes learning about the processes of name and gender marker change, strategies for managing encounters at checkpoints when identification pictures don't align with a trans* person's current expression, and, perhaps most crucially, recognizing the indispensable role of community support in overcoming these barriers.

It's essential to recognize that trans* stories extend beyond narratives of violence, struggle, and scarcity. They include moments of joy, camaraderie, and affirmation. We think of some of our trans* callers reached out to the sexuality hotline to share their joy after their first experience with binding. Embracing a framework of mutual aid and solidarity means acknowledging and celebrating these moments alongside the challenges.

In 2021 we found ourselves unable to analyze the data, look at theory, and to some extent even learn from what was happening around us and in SRHR. We wondered if that was rock bottom, and secretly we anticipated the worst was yet to come.

Looking back on 2022, amidst the countless challenges faced, from resource scarcity to heightened violence, we found that mutual aid and solidarity practices became our anchors, tethering us to our communities amidst the prevailing chaos.

While we know that this framework does not offer all the solutions, we believe its value lies in the freedom it grants us to explore, experiment, and discern what works and what doesn't. Embracing alternatives and the empowerment found in community ties is key for the principle that The A Project's sexuality hotline operates on.

Our fight for sexual liberation will always include access to universal healthcare and the prioritization of sexual reproductive health rights for all. Feeling ownership over our bodies and our daily interactions is a transformative existence, it allows us to organize, mobilize, and continually discover alternatives that help us reimagine collective liberation outside of an exclusionary lens.

And the truth is, as we keep descending down a bottomless rock-bottom path, we have to remind ourselves that it's only terrifying if we weren't together.

And as many are navigating these times alone, we ask that we make that - the rock bottom - our meeting point.

Annex

Your Data & Our Documentation

Documentation of data collected through the sexuality hotline, concerning age, gender identity, location, relationship status, or nationality, is treated with confidentiality and anonymity. Callers are under no obligation to share such information with our counselors. We inquire about these details to develop a deeper comprehension of how diverse norms and structures impact individuals in their unique circumstances. If any of these demographic details prove irrelevant to the conversation between a caller and a counselor, the counselor may choose not to inquire about such information. This decision is made based on an assessment of the situation, and if it is determined that asking such questions would be considered irrelevant or inappropriate.

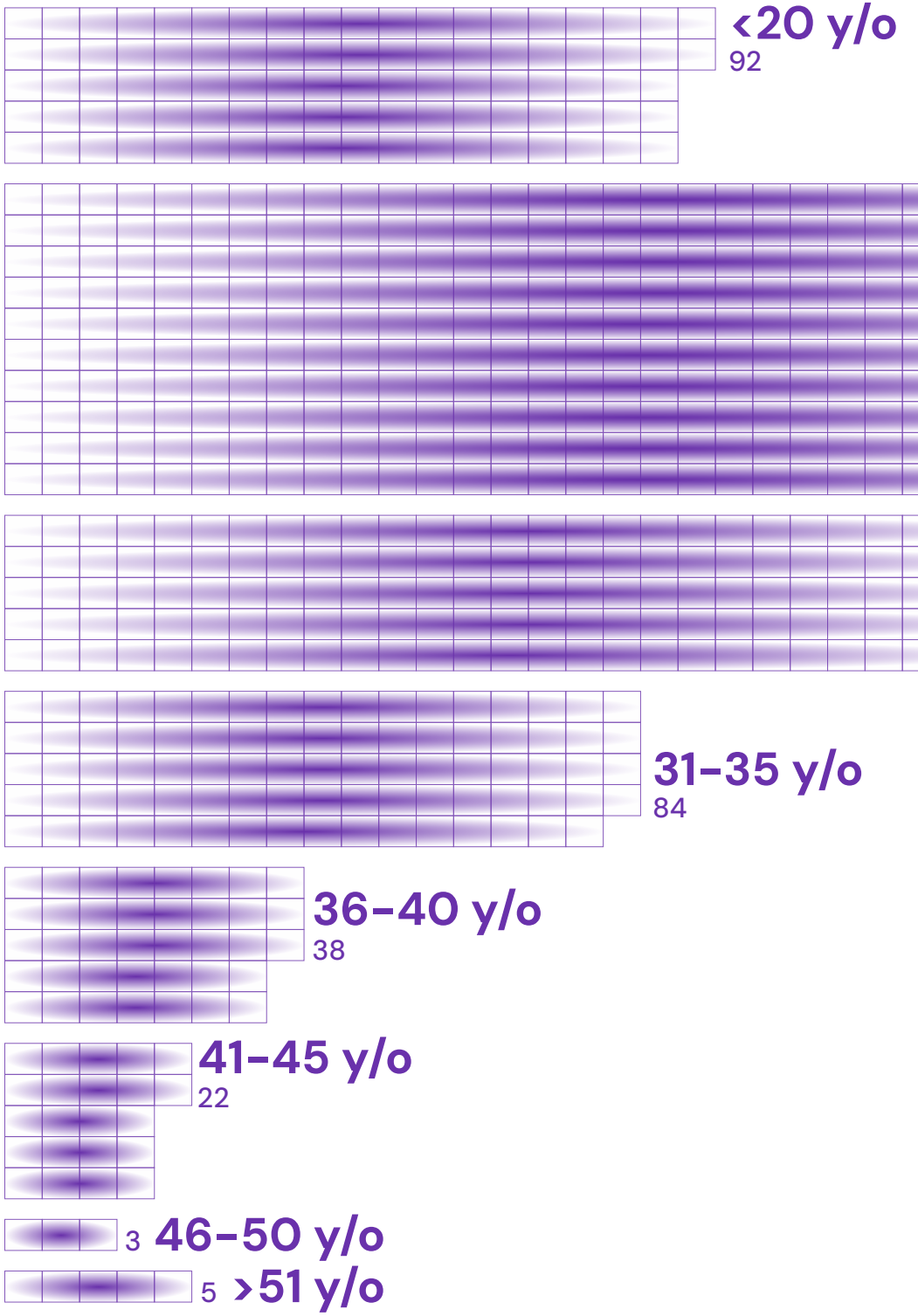
Our documentation is not driven by curiosity but rather by the recognition that sexual and reproductive health and rights are interconnected with broader contexts. This awareness informs our counseling, referrals, and conversations, which are tailored to the specific situations, capacities, and realities of each caller. The request for preferred names or aliases serves the purpose of addressing individuals appropriately throughout the call and facilitating smooth follow-up interactions with other counselors. Callers are informed that their data is documented, and they have the right to refuse this documentation. All call logs, texts, WhatsApp chats, and emails are routinely deleted between shifts, unless specific consent is obtained from the caller to retain the conversation for follow-up in the next shift. Access to the sexuality hotline database is restricted to staff members who require the data for purposes such as overseeing and evaluating counselors, understanding pressing hotline issues, assessing reach and shortcomings, and generating reports. Counselors do not have access to the database.

We strictly adhere to privacy standards and never document callers' contact details unless explicit permission is granted for follow-up or if they express interest in joining a solidarity group gathering. The documentation focuses on callers' concerns and conversation topics, enabling us to recognize and understand prevalent needs, common experiences, questions, and issues. This insight guides our efforts in addressing and better tackling these issues. This understanding helps us identify systems and structures that jeopardize people's bodies, sexual and reproductive health, and mental well-being, and how these risks manifest.

It is crucial to highlight that the statistical data presented in this report may not consistently mirror the comprehensive reality of all 1,147 calls.

This applies particularly to the statistics related to calls-per-month. Each call is distinct, and counselors may not always be able to capture demographic information for every call received on the hotline. Factors such as a caller's preference to keep their details private or the absence of an opportune moment to request seemingly inconsequential information during the discussions can contribute to this limitation. Counselors prioritize the conversation and the caller's interests, and it is this commitment that occasionally results in a lack of comprehensive data.

727/1147 Recorded



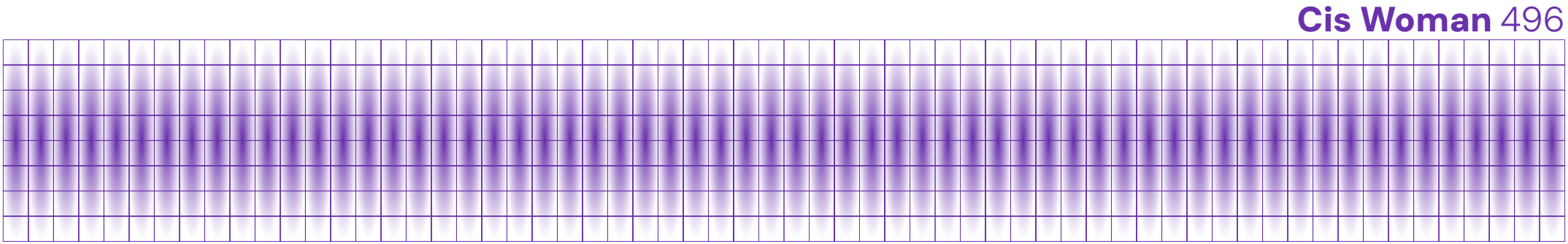
How Old Are You?

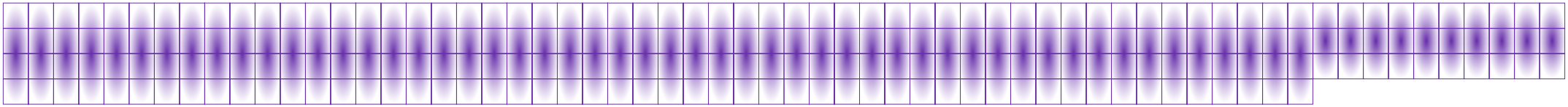
47.3%, or exactly 344 recorded calls have been made by people in the age range of 20-25. The second leading age group to contact the hotline is the 26-30 age bracket, forming a total of 19.1% of this year's calls (139 callers). Together, the twenties age brackets amount to 66.4% (483 calls) of total calls received to the hotline this year. Calls made by people under 20 are distinctly high, making up 12.6% of all total calls (92 calls). The age range 31-40 consisted of a total of 122 calls, representing 16.7% of all calls, and calls made by callers between the ages of 41-50 amounted to a total of 25 calls this year. Callers above age 50 made 0.7% of calls in 2022 (totaling to 5 calls in the year).

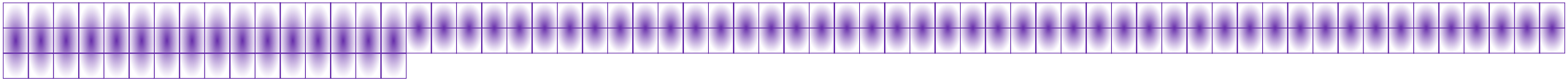
A growing trend we observed is younger individuals reaching out to us more frequently, and we believe this is primarily stemming from their limited access to resources. For those reliant on their families for financial support, seeking medical attention becomes a challenging and potentially an invasive process due to familial involvement. An illustrative example is a caller who sought a referral from us to a gynecologist outside her hometown, given that she reported concealing her pregnancy from her family for her own safety. Nevertheless, this issue extends beyond resource accessibility; it also concerns the realm of bodily autonomy and agency, particularly for those who must rely on their biological families, whether financially or emotionally. We hypothesize that the scrutiny surrounding sexual reproductive health contributes to the prevalence of younger callers on our hotline, who were mostly under the age of 26 in 2022. Despite the obstacles in accessing care and the societal stigmas surrounding sexual health, our callers, particularly the younger demographic, exhibit resourcefulness. They actively engage in caring for their bodies, navigating the hurdles that limit sexual freedom, and simultaneously safeguarding themselves—an empowering testament to their commitment to self-care amidst challenges.

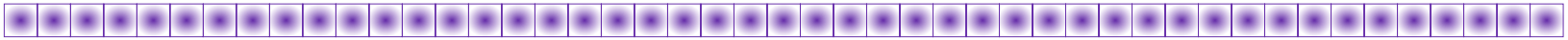
What's Your Gender?

978/1147 Recorded

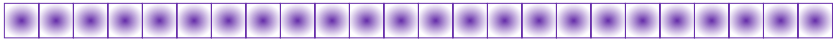




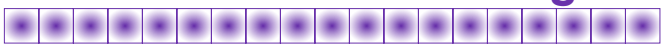




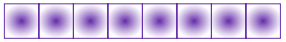
Caller Prefers Not to Say 24



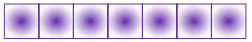
Gender Nonconforming 18



Nonbinary 8



Gender Fluid 7



The majority of calls this year have been made by cis women, who consisted of 496 out of the 978 calls where gender was recorded (50.7%). The second highest percentage (24.4%) of callers was made by trans women who made up 238 total calls of 2022. While cis men called us 140 times (14.3%), a total of 47 calls (4.8%) were made by trans men. Gender nonconforming callers made up 1.7% (18) of total recorded calls, and the remaining 1.5% of this year's calls were made by non-binary or genderfluid folks; callers who chose not to identify with the gender titles above; and callers who preferred not to share their gender at all.

What is Your Relationship Status?

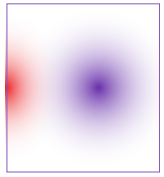
204 **In a Relationship, Unmarried**

105 **In a Relationship, Married**

85 **Single**

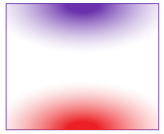
32 **Prefer not to say**

This year, consistent with previous years, individuals in non-marital relationships accounted for a total of 204 calls in 2022 (44.6%). The second-highest percentage of callers, comprising 105 individuals, identified as married, making up 22.1%. Subsequently, those who disclosed being single constituted 18.6%, contributing to a total of 85 calls this year. In addition to these significant categories, the hotline received calls from individuals identifying as divorced (12 calls), navigating a "complicated" relationship (3 calls), separated (9 calls), and involved in an open relationship (7 calls).



12 **Divorced**

7 **Open Relationship**



9 **Separated**

3 **It's Complicated**

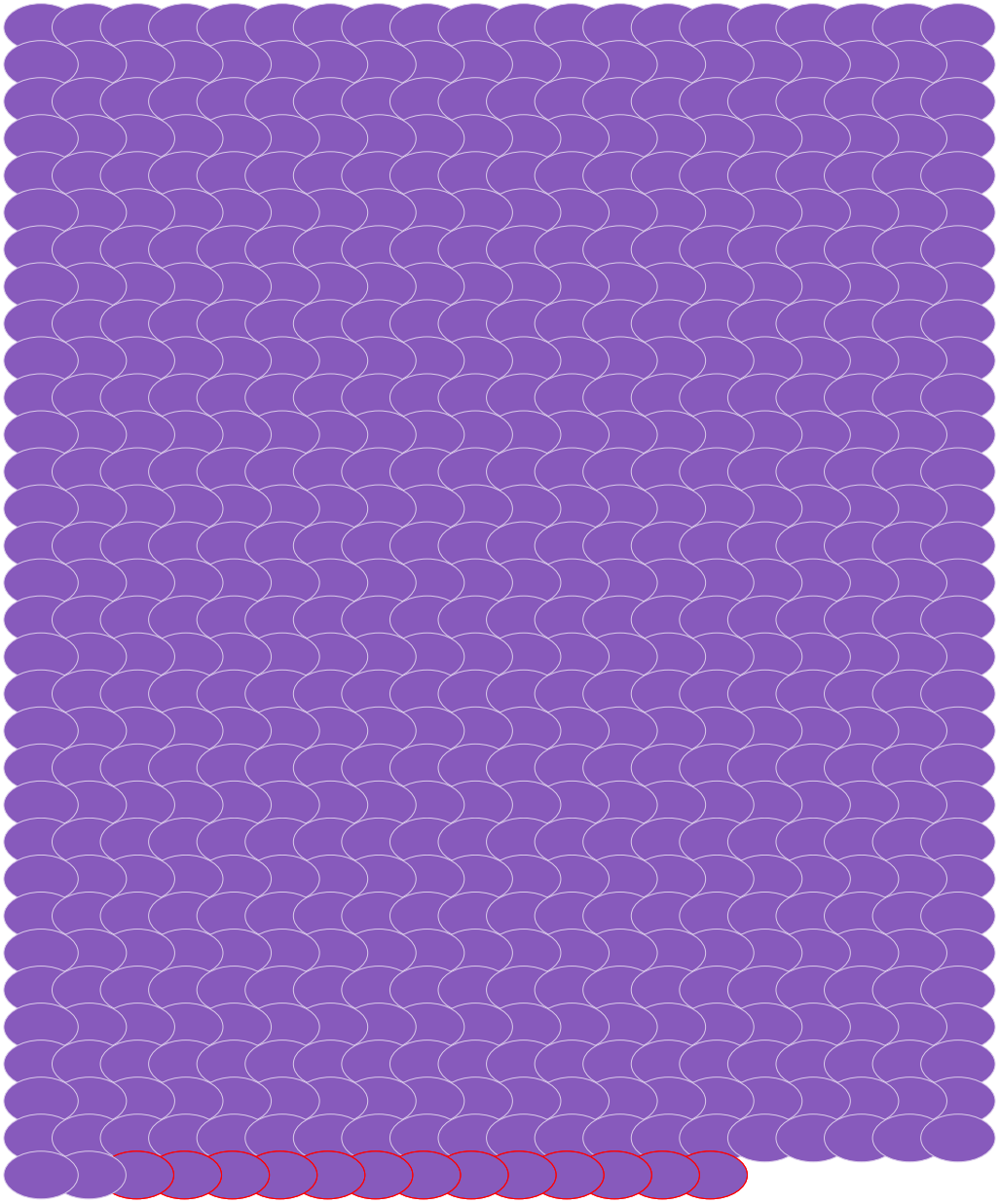
What's Your Place of Origin?

858/1147 Recorded

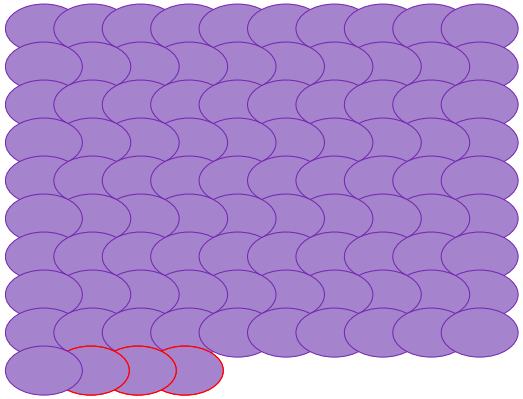
The nationality of callers does not necessarily indicate their location. Numerous Lebanese expatriates reach out to the hotline from various countries, while migrants, refugees, and individuals who are not Lebanese residents may contact the hotline from within Lebanon.

Circles outlined in red indicate callers with dual nationality.

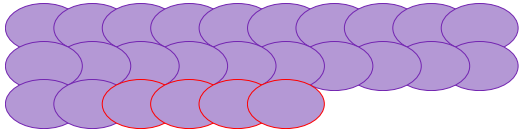
598 **Lebanese**



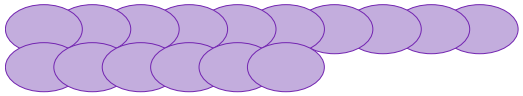
94 **Syrian**



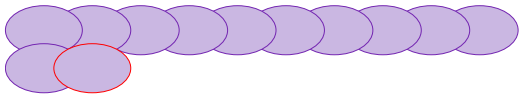
26 **Palestinian**



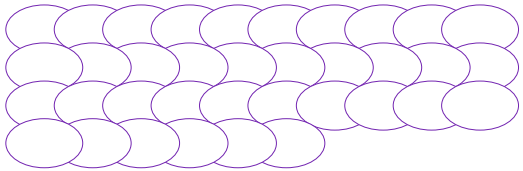
16 **Egyptian**



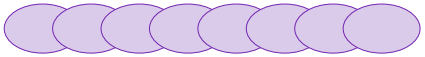
12 **Jordanian**



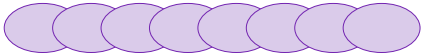
36 **Prefer not to say**



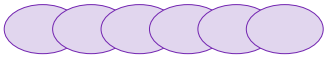
8 **Iraqi**



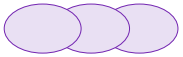
8 **Ethiopian**



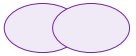
6 **Saudi Arabian**



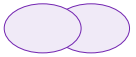
3 **American**



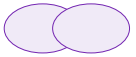
2 **Yemeni**



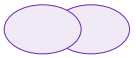
2 **Moroccan**



2 **Filippino**



2 **Tanzanian**



2 **Tunisian**

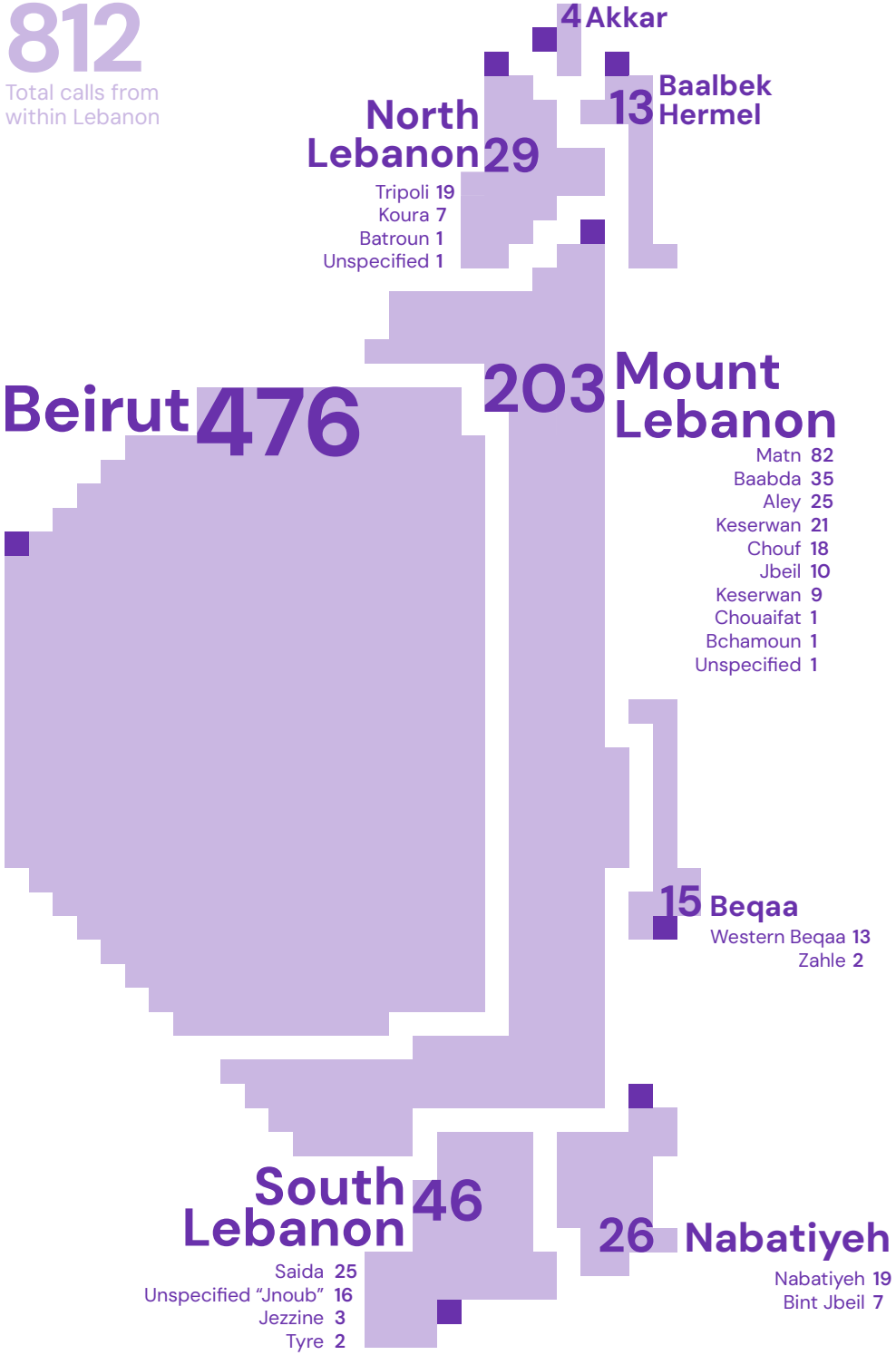
1 **Kuwaiti**

1 **Sudanese**

1 **Bedouin**

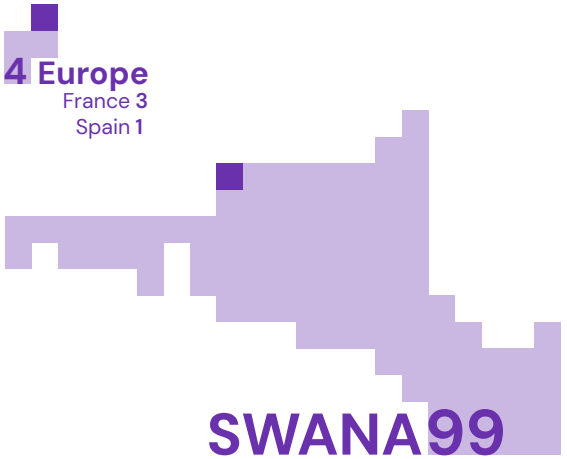
1 **Qatari**

812
Total calls from within Lebanon



118
Total calls from outside Lebanon

975/1147 Recorded



45 Callers prefer not to say

Where Are You Calling From?

Callers reach out to the sexuality hotline from diverse corners of the world, although the majority of calls predominantly originated from within Lebanon in 2022. 83% of all recorded came from Lebanon, 10%, came from the rest of the Southwest Asia and North Africa (SWANA) region, and the rest were associated with the Americas, Europe, or undisclosed locations.

Within Lebanon, 59% of all calls originated from Beirut, totaling 476 out of the 812 local calls. The second-highest percentage of calls came from Mount Lebanon, accounting for 25% with a total of 203 calls. Following Mount Lebanon was South Lebanon, inclusive of Saida (25 calls), Jezzine (3 calls), Tyre (2 calls), Nabatiyeh (26 calls) and the "Unspecified Jnoub" region in general with 16 calls. Calls from North Lebanon included the regions of Tripoli (19 calls), Koura (7 calls), Batroun (1 call), and unspecified "shmeil" in general (2 calls). The Akkar district generated a total of 4 calls, while 15 calls were made from the Beqaa region. From Baalbek-Hermel, there were a total of 13 calls in 2022.

Was There an Emergency?

1147/1147 Recorded

In 2021, the predominant emergency situation was linked to physical health, with eight reported cases. Additionally, only one eviction case was reported in 2021. The contrast between these figures and the 2022 data is staggering.

It's crucial to highlight that trans women predominantly reported eviction cases, grappling with persistent houselessness and the scarcity of basic necessities like food due to unemployment. Trans women also disclosed emergencies involving physical and verbal harassment and assault from family members, state actors, or strangers.

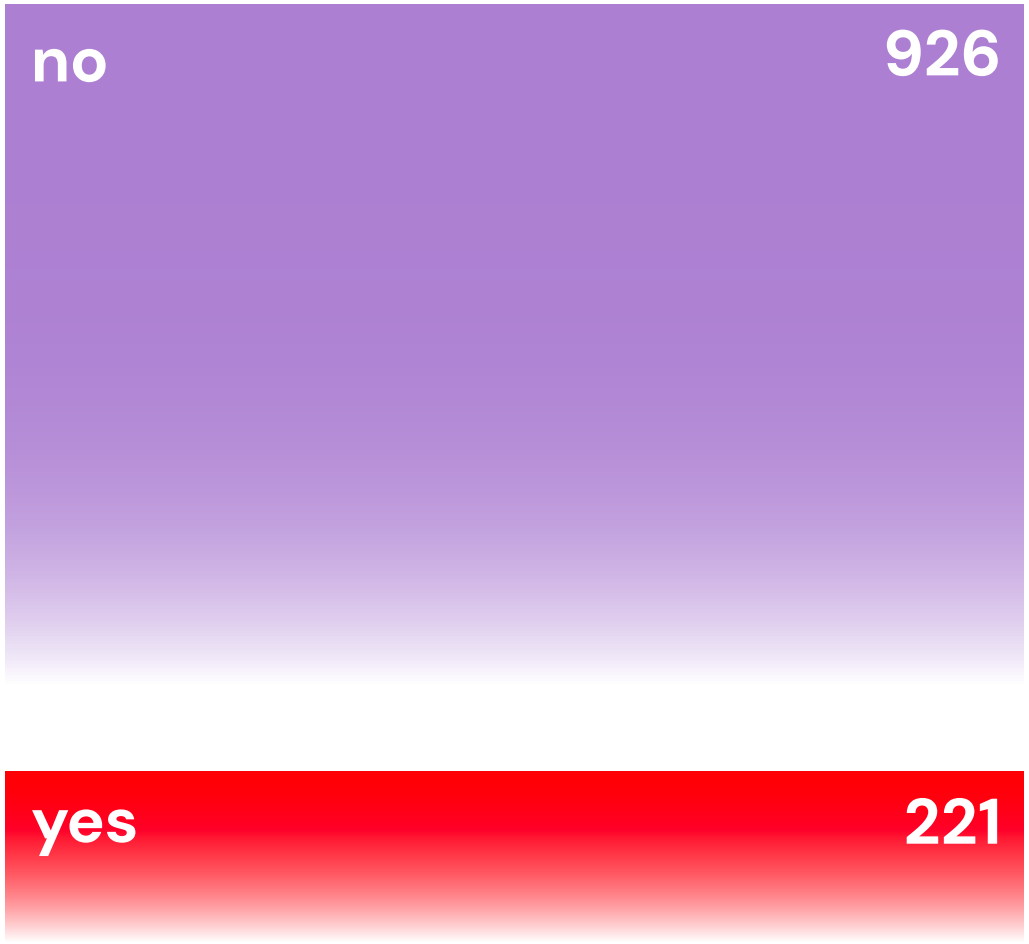
Additionally, numerous emergencies were linked to the inability to afford medication or medical attention. For instance, many trans women requested financial support to cover the expenses of medical intervention for life-threatening conditions, such as gangrene or concussions. A concerning trend of significant inaccessibility to reproductive health resources also emerged.

⟶ What is classified as an "emergency call"?

Whether a call is classified as an emergency is contingent upon temporal factors and the presence of urgency that necessitates immediate action during the call or pertains to the caller's current physical well-being. Examples of calls falling into this emergency category include situations related to rape, various forms of violence, housing evictions, perilous pregnancies, and suicide.

1147/1147 Recorded

Do You Require Follow Up?



Among the 1,147 documented calls, 221 necessitated further attention. This indicates that around 19% of all calls required additional conversation or support to ensure the optimal resolution of the caller's concerns. On the other hand, the rest of the calls did not require additional follow-up, reflecting issues that were resolved. These calls constituted 80.7% of the total calls.

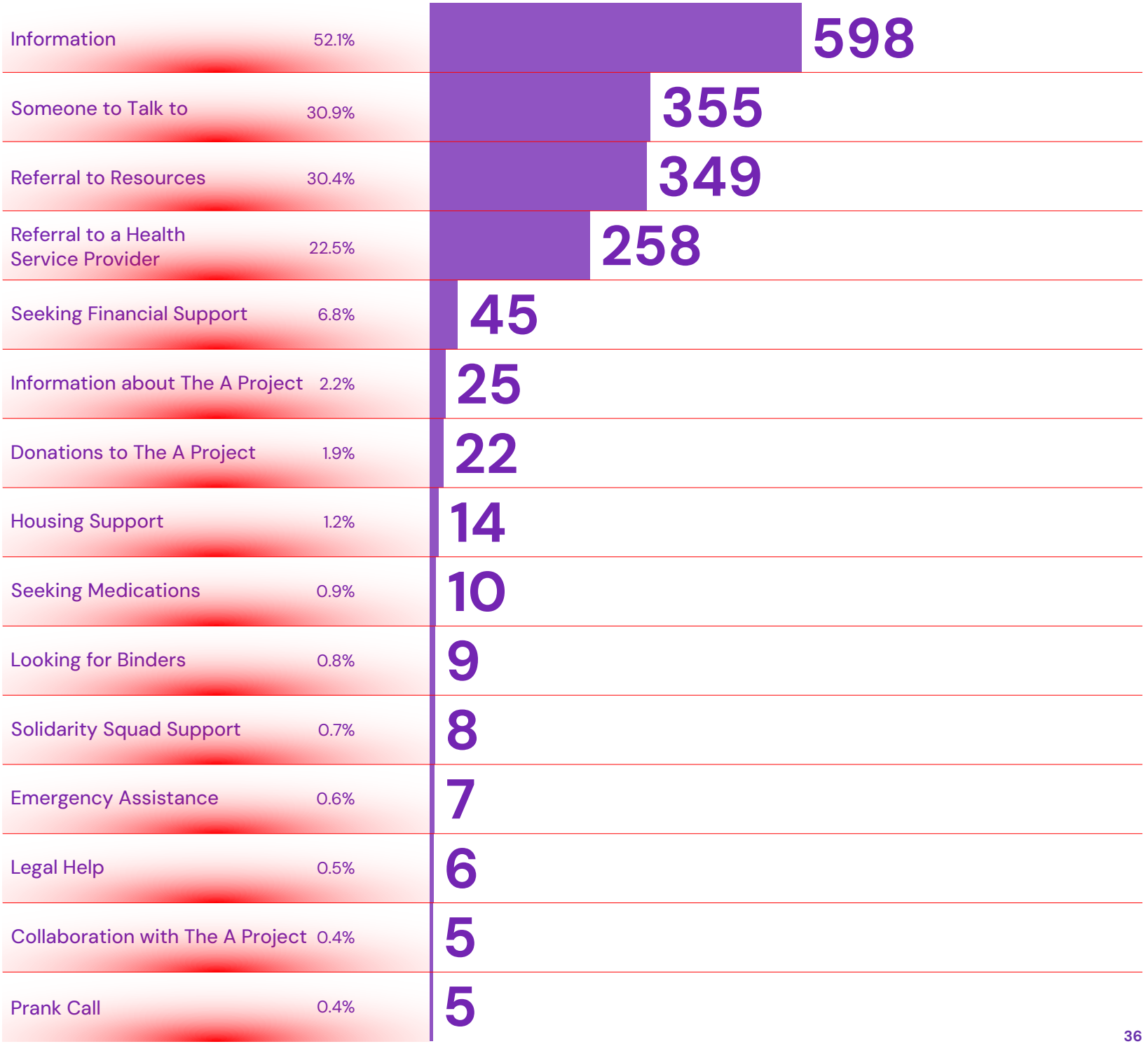
405/1147 Recorded

Do You Allow Follow Up?

We consider follow-ups on calls to be highly significant and are driven by a desire to cultivate a stronger sense of solidarity and engagement with our callers, many of whom are happy to call us back themselves and tell us if their issue was resolved or if they need more help. Additionally, it provides an opportunity to evaluate the effectiveness of the counselors' support for each caller who consents to follow-up, ensuring that the assistance provided was beneficial and aligns with the caller's needs. It's important to note that the number of callers that allowed for follow-ups is higher than the number of calls that required follow-ups. This discrepancy is due to some callers expressing that they did not need additional support, but allowed the counselors to reach out to them anyway. This practice is most common with our repeat callers.

1147/1147 Recorded

Purpose of the Call

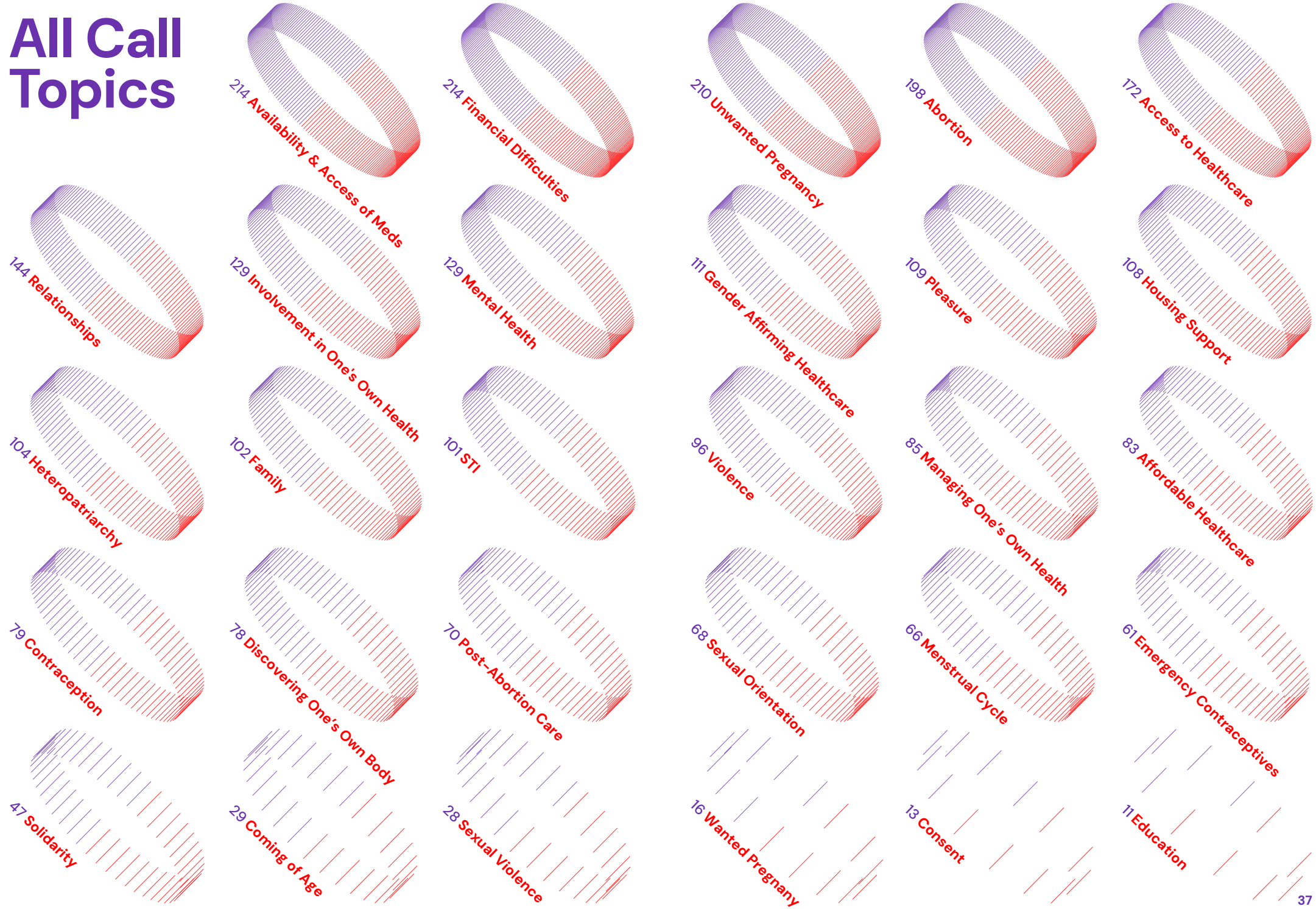


Callers often reach out to the hotline for multiple reasons, leading to a total of 1685 responses, surpassing the total number of calls received in the year (1147). In keeping with hotline tradition, the primary motive for contacting the hotline is to seek information. This year, a significant 52.1% of calls (598 in total) were from people seeking information. The second most prevalent reason for contacting the hotline was to talk to someone, constituting 30.9% of total calls (355).

Given the challenges faced this year, it is unsurprising that resource referrals was one of the predominant reasons for reaching out to the hotline with 30.4% of calls asking for referrals to resources (349). Referrals to health service providers were requested 258 times on the sexuality hotline, amounting to 22.5% of all calls received.

Approximately 7% of callers (45) sought financial assistance, while around 2% expressed a desire to make donations to The A Project, contributing items such as contraceptives, binders, hormones, sanitary pads, tampons, and menstrual cups, as well as monetary donations. Sixteen callers were in search of medications, which includes hormones for trans* individuals. Additionally, 9 callers requested binders, and 6 sought legal assistance.

All Call Topics



About

The A Project

The A Project is a Beirut-based non-profit non-governmental organization focusing on issues of sexuality, sexual and reproductive health, and rights (SRHR).

Our vision is of a society where the sexuality and mental health of cis and trans women, trans men, and gender nonconforming individuals are reclaimed, cared for, respected, and recognized in all their diversities. From expressing gender, sexual preferences, and desires to decisions about marriage and parenthood, the list is extensive. We understand that sexuality and reproductive justice are crucial in reclaiming bodily autonomy and political agency. We advocate for everyone's right to navigate their body's journey in a consensual, harm-free, and affirming space.

Our goal is to promote a political discourse on sexual, reproductive, and mental health, challenging restrictive measures often imposed on women and gender nonconforming individuals in Lebanon.

About the Sexuality Hotline

Established in November 2016, The A Project's sexuality hotline offers counseling, support, information, and referrals on sexual and reproductive health (SRH) issues to cis and trans women, trans men, and gender nonconforming individuals.

The hotline provides a platform for engaging, well-informed conversations, free from unsolicited advice or judgment. We recognize that individuals often receive moralistic and socially biased information about their bodies, lifestyles, and health.

Our hotline counselors, trained by medical professionals, researchers, social scientists, and activists, aim to support individuals in reclaiming their place in body politics discourse and becoming the foremost experts on their bodies and lives.

To answer some questions you may have about the hotline:

Why A Hotline?

Because it's free, accessible, confidential, anonymous, and judgment free! You don't need an appointment, can be located anywhere, and can even write (email, WhatsApp, SMS) us.

What Do People Call The Hotline About?

So many topics, such as: **intimacy • health • virginity • transitioning • motherhood • puberty • relationships • disability • asexuality • violence • masturbation • body shaming • sexually transmitted infections • emergency contraception • gender affirming procedures • pleasure • unplanned pregnancies • living with HIV • sexual orientation • safety • contraception • gender identities**

Who Picks Up The Phone?

We train cis and trans women, trans men, and gender nonconforming people from diverse educational backgrounds to become sexuality hotline counselors. They undergo weeks of intensive training and are assessed on their knowledge, approach, openness and comfort on these topics before being allowed to be on the hotline. While all are trained on the same issues, some may have more insight and passion regarding particular body/gender/relationship/sexuality politics.

You can get to know more about counselors, what languages they speak, what their interest-topics are, and when their next shift is by logging on to: Our website > The Sexuality Hotline > About the Hotline > Hotline Schedule

Who Can Call?

Anyone can call, and we especially invite cis and trans women, trans men, and gender nonconforming callers of any age, nationality, sexual orientation, or socio-economic background.

Besides a Hotline, are there other Sources of Information of Support?

Occasionally, we host solidarity groups, which take the shape of intimate and private discussions, whereby callers who have similar questions and struggles can meet to process and support one another. We've also been told that our podcast, Fasleh, feels like listening to friends thinking out loud about cool topics. Check it out!

Our Work & Community Engagement

Beyond the hotline, The A Project works on achieving our vision through the following projects:

Multimedia & Research

To contribute in diverse and accessible ways to the body of knowledge on sexuality and reproductive justice in Lebanon, we: write articles; publish blog posts; create videos; translate works we love to Arabic; present on various panels; and produce a (super cool) podcast, Fasleh, on which we invite people to talk about a number of topics concerning body politics and sexual and reproductive health, rights, and justice.

Expanding Our Research and Knowledge Base

As a team of staff and members, we are always exchanging ideas for all the things we'd love to write, learn, publish, make, and do—together, and with you. We want to concretize some of these ideas and put ourselves to work to make content that produces knowledge in accessible, playful, and interactive ways. We have some plans in the making, including a creative writing retreat, some research-based zines, and—as always—some new podcasts and blog posts. We're always thinking about new projects to take on and new topics to delve into, so please do get in touch if you'd like to get involved!

Trainings & Workshops

We do workshops in schools, universities, and community centers to discuss SRHR, and we particularly try to host these with groups who have less access to SRH information and care.

Reading Retreats

Inspired by CREA, The A Project hosts 3 reading retreats (The Politics of Sexuality, The Politics of Mental Health, and Reproductive Justice), At these retreats, we delve into the theory and practice of topics at hand, through a series of articles and collective discussions.

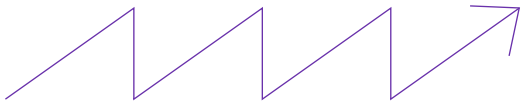
Solidarity Groups

We are working to develop, confidential and as-safe-as-possible, solidarity groups wherein people with similar experiences can come together, share stories, find solidarity, and feel less isolated. These would take the form of intimate and private discussions, led and defined by those who attend them, and serve as a space for asking questions and exploring issues without judgment.

Building on Our Referral Database

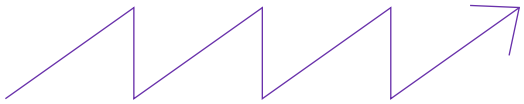
We receive countless requests for competent, decent, affordable, and accessible health services on the hotline. It is very clear to us that cis and trans women, trans men, and gender non-conforming people —especially those who are young, poor, queer, migrants, or refugees—urgently need this care. But too many times, we have found ourselves at a loss as to where to guide folks for safe and decent healthcare. We are building a reliable and accessible collective referral database, where we crowdsource information on healthcare providers from you. you.

We are asking people throughout the country to fill out surveys that give an overview of their experiences with certain healthcare providers – whether good or bad – so that we can grow this database.



Join Us!

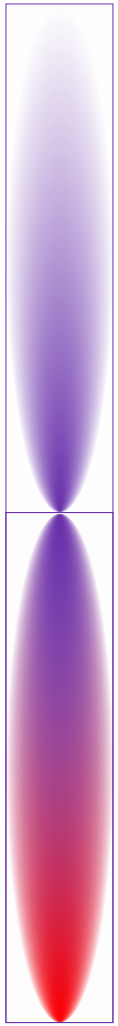
We love meeting new people! If you're interested, fill out this volunteer/member form. The form gives us an idea of who you are and what you're interested in doing with us :) After we have a look at it, we'll get in touch, find a way to meet you, and see where/how/when you can get involved. The faster ways of joining us though would be to apply and join us in one of our reading retreats or at our annual sexuality hotline counsellors training!

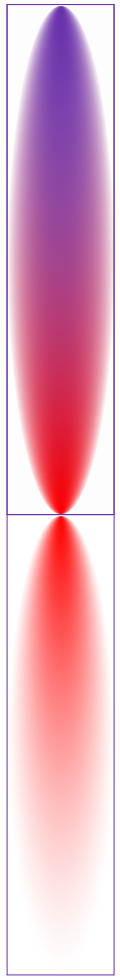


Apply For Our Sexuality Hotline Training!

Each year we host a 6-day intensive sexuality hotline training to train new counselors. We train you on SRH issues, counseling skills, and the political and social aspects of sex, gender, and sexuality. We share the call on our social media platforms, newsletter, and website - so keep an eye out for the next one!

Join one of our reading retreats! In our retreats, we discuss a series of texts that you will have read in advance, and delve into the topics at hand in depth. Like our other calls, we post the application form for the retreats on social media, newsletter, and the website, so stay tuned if you're interested!





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